

23112



ANNUAL  
DEPARTMENTAL  
REPORTS  
1958-59

THE ROYAL SOCIETY  
for the Promotion  
OF HEALTH  
LIBRARY

DIRECTOR OF MEDICAL  
AND HEALTH SERVICES

RBB/40r PRICE: \$ 7



22501293203

HONG KONG  
ANNUAL DEPARTMENTAL REPORT  
BY THE  
DIRECTOR OF MEDICAL  
AND HEALTH SERVICES  
FOR THE  
FINANCIAL YEAR 1958 - 59

PRINTED AND PUBLISHED BY S. YOUNG, ACTING GOVERNMENT PRINTER  
AT THE GOVERNMENT PRESS, JAVA ROAD, HONG KONG

## EXCHANGE RATES

When dollars are quoted in this Report, they are, unless otherwise stated, Hong Kong dollars. The official rate for conversion to pound sterling is HK\$16=£1 (HK\$1=1s. 3d.). The official rate for conversion to U.S. dollars is HK\$5.714=US\$1 (based on £1=US\$2.80).

WELLCOME INSTITUTE LIBRARY	
Cell.	med. Oncol
Cell	Path. Exp
No.	WA 28
	JH 6
	H 77
	1929



# CONTENTS

	<i>Paragraphs</i>
<b>I. THE COLONY'S HEALTH SERVICE</b>	
Introduction . . . . .	1 - 20
Administration of the Medical and Health Services . . . . .	21
Staff . . . . .	22 - 31
Professional Registers . . . . .	32 - 33
Work of the Statutory Council and Boards . . .	34 - 56
Finance . . . . .	57 - 59
Legislation . . . . .	60 - 63
<b>II. PUBLIC HEALTH</b>	
General Comments . . . . .	64 - 67
Vital Statistics . . . . .	68 - 77
<b>III. WORK OF THE HEALTH DIVISION</b>	
Hygiene and Sanitation	
Urban Areas . . . . .	78 - 88
Rural Areas . . . . .	89 - 92
Epidemiology . . . . .	93 - 125
Port Health . . . . .	126 - 144
Tuberculosis . . . . .	145 - 219
Malaria Bureau . . . . .	220 - 231
Social Hygiene . . . . .	232 - 260
District Midwifery Services . . . . .	261 - 269
Maternal and Child Health . . . . .	270 - 277
School Health . . . . .	278 - 283
Industrial Health . . . . .	284 - 286
Health Education . . . . .	287 - 290

	<i>Paragraphs</i>
IV. THE WORK OF THE MEDICAL DIVISION	
Hospitals . . . . .	291 - 334
Government Assisted Hospitals . . . . .	335 - 354
Out-patient Services . . . . .	355 - 362
Specialist Services (General) . . . . .	363 - 364
Radiological Service . . . . .	365 - 374
Ophthalmology . . . . .	375 - 380
Dental Service . . . . .	381 - 391
Government Institute of Pathology . . . . .	392 - 407
Forensic Pathology . . . . .	408 - 413
Government Chemist's Laboratory . . . . .	414 - 420
The Pharmaceutical Service . . . . .	421 - 426
The Almoner Service . . . . .	427 - 440
Physiotherapy . . . . .	441 - 450
Occupational Therapy . . . . .	451 - 464
Medical Examination Board . . . . .	465 - 470
Blood Banks . . . . .	471 - 474
Hospital Administration and Supply . . . . .	475 - 477
Planning . . . . .	478 - 480
U.N.I.C.E.F. Projects . . . . .	481
Staff Welfare . . . . .	482 - 483
Auxiliary Medical Service . . . . .	484 - 490
V. TRAINING PROGRAMME	
Doctors . . . . .	491 - 496
Dentists . . . . .	497 - 498
Nurses . . . . .	499 - 505
Midwives . . . . .	506 - 508
Health Visitors . . . . .	509 - 510
Radiographers . . . . .	511

	<i>Paragraphs</i>
V. TRAINING PROGRAMME— <i>Contd.</i>	
Laboratory Technicians . . . . .	512 - 513
Other Forms of Departmental Training . . .	514 - 516
Attendances at Conferences and Meetings including those sponsored by the World Health Organization . . . . .	517
Courses of study including World Health Organization Fellowship . . . . .	518
Visitors . . . . .	519
VI. BUILDING PROGRAMME . . . . .	520
VII. PUBLICATIONS . . . . .	521
ACKNOWLEDGMENT	
VIII. ACCOUNTS	
Samaritan Fund	
Nurses Rewards and Fines Fund	
IX. MAPS	
X. APPENDICES	

Statistical information in this report  
refers to the calendar year 1958

## I. THE COLONY'S HEALTH SERVICE

### INTRODUCTION

THE Colony of Hong Kong occupies a land area of 391 square miles of which 36 square miles is the urban area. Within the urban area are Hong Kong Island, Kowloon and New Kowloon. The estimated mid-year population during 1958 was 2,748,000 of which 83% was concentrated in the urban area giving a density of population of 62,800 persons to the square mile.

2. Concentrated around a major sea port with an international airport three miles from the centre of Kowloon this urban population must be regarded as very vulnerable to the introduction of epidemic disease by sea and by air. In addition the terminus of the Kowloon-Canton Railway lies on the tip of the Kowloon Peninsula. The Railway provides the only land link with mainland China and there is a considerable to and fro movement of population by this route. There is also a migration of unknown size by small coastal vessels, plying between the mainland and Hong Kong, using the bays and anchorages on a long and indented coastline and on the some 100 islands within the Colony boundaries.

3. The age and sex structure of the population is not known but it is believed that one third are under 14 years of age and that there is a slight predominance of males in the adult age groups. Until a full population census has been done, early in 1961, the distribution of population between Hong Kong Island, Kowloon and the New Territories cannot be determined with any accuracy. Meantime there are thought to be just over one million people living on the Island, about  $1\frac{1}{4}$  million in Kowloon and approximately 400,000 in the New Territories.

4. Hong Kong Island is primarily a commercial and residential centre with very dense concentrations of population in the heavily built up area lying along its north shore. The majority of these people live in grossly overcrowded tenements. In Kowloon and New Kowloon there is a similar density in the commercial centre of Kowloon which is surrounded by a number of resettlement estates built during the past five years to house squatters. On the periphery of the Kowloon urban area, numerous textile and other light industrial undertakings are developing with startling speed. In the New Territories the population is engaged



largely in agriculture and fishing but there is also one rapidly growing established light industrial centre at Tsuen Wan.

5. The conservation of rain water in large reservoirs situated on the Island and in the New Territories ensures a pure piped domestic water supply in the urban areas and to the towns in the New Territories. However, the hours of supply are limited and one water point may serve a number of families. Wells and well water are strictly controlled in the urban areas and the use of this water is restricted to flushing, air-conditioning plants and, in certain instances, industrial use.

6. Water borne sewerage, much of it using sea water for flushing, is being installed in all new housing estates but there are still many tenements in the older parts of the twin cities which are served by bucket latrines. Night soil is for the main part transported to maturation tanks at Tsuen Wan where it is distributed as fertilizer for traditional wet soil cultivation in the agricultural areas of the New Territories. A certain amount is however disposed of by dumping at sea.

7. Real malnutrition is not common but there is a considerable amount of subnutrition which is largely due to imperfectly balanced diets and shortage of protein. This is to a certain extent economic but the customary diet of rice as a staple food with vegetable, meat and fish supplements is cheap and is traditional. Large quantities of fresh fruits are always available in the markets and are eaten extensively by all sections of the community.

8. The very large influx of refugees which has taken place over the past twelve years, particularly in relation to the land and living space available, has naturally thrown a great strain on all services and the impact on housing, water supplies, sanitary services, clinics and hospitals has been of staggering proportions. The standards for the provision of these services that prevail in large modern industrial states are frequently quoted to emphasize the short fall in Hong Kong without due regard being paid to the circumstances that have dictated local conditions. In the face of these conditions the policy can only be to aim at modern standards, meanwhile using scientific methods and techniques, which have been of proved value elsewhere for the prevention of endemic disease, as may be practicable within the physical and staff resources available. Meantime, the long-term planning of hospital and clinic accommodation goes ahead hand in hand with schemes of training that will ensure that qualified personnel will be available when the institutions are ready.

9. The outstanding events of the year were the naming of the new Kowloon Hospital and the laying of the foundation stone. By gracious consent of Her Majesty The Queen the new hospital is to be called the Queen Elizabeth Hospital. On 7th March, 1959 His Royal Highness The Prince Philip, Duke of Edinburgh, laid the foundation stone of the new Hospital.

10. The major pre-occupations of the year have been the prevention of the introduction of cholera and smallpox, the control of diphtheria and the enteric diseases, interim measures to ease the shortage of hospital beds, the extension of the outpatient clinic services and the further development of the facilities for the outpatient and inpatient treatment of tuberculosis.

11. There were no major outbreaks of epidemic disease and no significant variations in the incidence of endemic disease. Higher levels of incidence of poliomyelitis gave rise to concern during the months of June and July but a careful analysis of the situation indicated that the number of new cases reported and admitted to hospital did not greatly exceed the number of new and recent cases of paralysis registered at the physiotherapy clinics during the same period of the previous year. The most discouraging feature has been a falling off in the response to immunization against diphtheria and the typhoid—para-typhoid group of infections.

12. Evidence of the use of barbitone as a vehicle for the volatilization of heroin came to light early in the year. This form of drug addiction is a most vicious one, producing a double addiction that is rapidly acquired and quite the most difficult to break. Heroin and barbitone are mixed, heated on a sheet of tin or aluminium foil and the smoke is inhaled through a paper tube.

13. Investigation revealed that there were large stocks of barbitone in the Colony for which there is virtually no medical or commercial use and it was obvious that rigorous control was essential in the public interest. Accordingly barbitone, pheno-barbitone and their salts were scheduled as dangerous drugs, import and export controls were imposed and barbitone and pheno-barbitone and their salts were placed on the poisons lists, and so made obtainable only on the prescription of a registered medical practitioner.

14. Mention has been made in previous reports of the problem of the refugee doctors who possessed only qualifications not registrable in Hong Kong. It was eventually decided that the operation of Section 27



of the Medical Registration Ordinance 1957, which would have prohibited them from practising, should be deferred. At the same time it was agreed that arrangements should be made to give unregistered doctors an opportunity to sit an examination leading to a qualification registrable in the Colony.

15. Negotiations with the Society of Apothecaries in London, started in 1957, led to arrangements being made to hold a qualifying examination in the Colony at the end of 1958 for the Licentiate in Medicine and Surgery of the Society of Apothecaries. Under the special regulations for this examination, however, only graduates from certain medical schools could be accepted for entry and eventually 153 candidates were accepted out of a total of 563 known unregistered doctors.

16. Evening classes in English were arranged by the Education Department for those unregistered doctors whose spoken and written English was poor and who wished to take a qualifying examination. Later, the University of Hong Kong held a refresher course, starting in June, for those who had been accepted for the L.M.S.S.A. examinations.

17. Of the 153 candidates who had entered for the L.M.S.S.A. examinations 119 eventually sat the examinations; 87 passed in one or more subjects of whom 43 passed in all subjects.

18. The Society of Apothecaries has agreed to hold further qualifying examinations towards the end of 1959 and again in 1960 if sufficient candidates come forward.

19. There is thus a residue of some 410 unregistered doctors who either did not enter for the L.M.S.S.A. or who are not eligible to do so. A number of these unregistered doctors are still working in free or charity clinics. The extent and quality of the service they provide cannot be assessed as there is no system of registration. Therefore, in December 1958, Government announced proposals to introduce legislation to register all clinics, excluding those being maintained as consulting rooms by doctors in private practice and the outpatient departments of certain of the larger hospitals. At the same time it is proposed to introduce legislation setting up a Licensing Board whose responsibilities will include the maintenance of a Roll of Licensed Medical Practitioners, the holding of examinations for admission to the Roll and the issue of licences to practise in institutions approved for this purpose by the Board. The Roll once completed will be closed and thereafter will diminish gradually over the years. Licensed Medical Practitioners will not be permitted to engage in private practice and will be licensed to

work only in approved clinics or other institutions under conditions to be stipulated by the Licensing Board. In this way competence to practise in clinics will be determined, such practice will be controlled and the standard of service to the lower income groups improved.

20. The two Medical Associations in the Colony, while welcoming the proposals for the registration of clinics, have expressed strong opposition to the principle of establishing a Roll of Licensed Medical Practitioners. Meantime, legislation is being drafted and further consultations will take place with the Associations and other representative bodies in the community who are concerned with the provision of medical services to those who depend on public or other clinics offering these services at nominal or low cost.

#### ADMINISTRATION OF THE MEDICAL AND HEALTH SERVICES

21. Statutory responsibility for the administration of the services safeguarding the public health in Hong Kong lies jointly with the Director of Medical and Health Services, the Urban Council, the District Commissioner New Territories and the Commissioner of Labour. Executive functions in connexion with curative medical services and a number of aspects of preventive medicine throughout the Colony are the responsibility of the Medical and Health Department. The Urban Council is concerned with environmental sanitation in the urban areas of Hong Kong and Kowloon through the Urban Services Department. The District Commissioner has executive functions as the Health Authority for the New Territories and administers its environmental sanitary services. Health Officers are seconded in an advisory capacity to the Urban Services Department and the District Administration, New Territories. The Labour Department has an Industrial Health section also staffed by officers of the Medical and Health Department.

#### STAFF

22. The Director of Medical and Health Services is the Head of the Department, the chief adviser to Government on medical and health policy, and an official member of the Legislative Council. He is a member of a number of the Boards and Committees of voluntary organizations engaged in medical and health work whose activities receive substantial support by way of Government subventions. He is also the Chairman of the Radiation Board and of the Statutory Boards dealing with the registration and disciplinary control of Medical Practitioners, Dentists, Pharmacists, Nurses and Midwives.



23. The Deputy Director of Medical and Health Services is the chief executive medical and health officer who co-ordinates the work of the Medical and Health Divisions. Each of these divisions is in charge of an Assistant Director. The Principal Matron is the Chief Nursing Officer and administers the Nursing Division which provides nursing, midwifery, health visitor and health sister services.

24. The Health Division, which is the responsibility of the Assistant Director of Health Services, is composed of units dealing with tuberculosis, malaria, port health and epidemiology, maternal and child health, school health and social hygiene, the latter including venereal diseases, leprosy and dermatology. Each of the component units of the Health Division is in the charge of a Specialist or of a Medical Officer with special experience and training. In addition, advisory services are given to the Urban Services Department, the District Commissioner New Territories and the Labour Department. The Assistant Director of Health Services is Vice-Chairman of the Urban Council. He is assisted in the work of the Division by a Senior Health Officer at Headquarters.

25. The Assistant Director of Medical Services, responsible for the administrative routine of the Medical Division, is assisted by a Senior Medical Officer at Headquarters and by two Senior Medical Officers who are respectively Medical Superintendents of the two Government general hospitals, one on Hong Kong Island and one in Kowloon. There are clinical units of general medicine, general surgery, anaesthesia, ear, nose and throat, neurosurgery, obstetrics and gynaecology, ophthalmology, orthopaedics, pathology, psychiatry and radiology, each of which works under the clinical direction of a Specialist. There are two infectious diseases hospitals, one on either side of the harbour. The Government Dental Service is under the direction of a Dental Specialist and the Government Chemist is responsible for the work of the Government Laboratory. The work of the Government outpatient clinics throughout the Colony is co-ordinated by the Medical Divisions although certain of the services rendered from these clinics are provided by the Health Division.

26. The Medical-Social, Occupational Therapy and Physiotherapy Services are also part of the Medical Division.

27. The Auxiliary Medical Service, which is a branch of the Civil Defence Services, is administered by the Medical Defence Staff Officer



who is a member of the Medical and Health Department Headquarters staff. The Director of Medical and Health Services is the Unit Controller.

28. The routine administrative secretarial, establishments and clerical work of the Department is under the general direction of the Secretary while the Principal Accountant and his staff deal with the financial and accounting duties. The Boards section is supervised by the Boards Secretary.

29. The pharmaceutical and dispensing activities are the responsibility of the Chief Pharmacist who also has inspectorial duties in connexion with the Dangerous Drugs and Pharmacy and Poisons Ordinances.

30. The Chief Hospital Secretary is responsible for the supply of equipment and the day-to-day lay administration of the hospital and clinic services. The hospitals and clinics are grouped into two large units to each of which is posted an Hospital Secretary. Assistant Hospital Secretaries of Executive Officer Grade are posted to the larger and more important institutions within the groups.

31. Appendix I shows the establishment at 31st March, 1959.

#### PROFESSIONAL REGISTERS

32. There are five statutory bodies dealing with the registration of medical practitioners, dentists, pharmacists, nurses and midwives. The Hong Kong Medical Council is responsible for the registration of medical practitioners and has responsibilities in connexion with disciplinary proceedings and offences; it is not an examining body. The Dental Board, Pharmacy Board, Nurses Board and Midwives Board all maintain registers, regulate training, hold examinations leading to registration or enrolment and have disciplinary powers.

33. At the 31st March, 1959 the numbers of persons on the registers were as follows:

Register of Medical Practitioners	...	...	...	...	788
Register of Dentists	...	...	...	...	381
Register of Pharmacists	...	...	...	...	85
Register of Nurses { female	...	...	...	...	1,506
{ male	...	...	...	...	85
Roll of Midwives	...	...	...	...	1,490

#### WORK OF THE STATUTORY COUNCIL AND BOARDS

##### *Medical Council*

34. There were eleven ordinary meetings of the Hong Kong Medical Council and two extra-ordinary meetings, the latter being convened to

inquire into alleged professional misconduct. The Preliminary Investigating Committee of the Council met once and referred two cases to the Council for inquiry. One inquiry resulted in a finding of not guilty and the other in a finding of guilty of infamous conduct in a professional respect. The doctor concerned in the latter case was reprimanded.

35. The primary qualification of M.B., B.S. conferred by the University of Hong Kong has been recognized by the General Medical Council of the United Kingdom since 1911. Other qualifications accepted by the Hong Kong Medical Council for registration are those shown in the United Kingdom and Commonwealth lists as enumerated in Tables 'E' and 'F' of the Medical Register of the General Medical Council. Certain Commonwealth countries however recognize only degrees and diplomas conferred by Universities and Medical Corporations in the United Kingdom and the Republic of Ireland, reciprocal agreements then being negotiated between the Commonwealth Medical Councils in so far as the Commonwealth and Foreign Lists are concerned. The whole question of reciprocity was therefore investigated by the Council and where necessary negotiations for a reciprocal agreement were carried out. One such agreement was reached with the New Zealand Medical Council and others are still under consideration.

36. The Medical Council approved the adoption of the British Pharmacopoeia as the standard pharmacopoeia for Hong Kong following on the enactment of the Pharmacopoeia Ordinance 1958. This removed doubt regarding standards of composition and purity and the Pharmacopoeia may now be admitted as evidence in the Colony's Courts.

37. At the Centenary celebrations of the General Medical Council held in London in November 1958, Dr. K. C. Yeo, C.M.G., the first Chairman of the Hong Kong Medical Council, attended as the Council's representative.

#### *Dental Board*

38. The Dental Board met six times and the most important activity has been the redrafting of the Dentists Registration Ordinance (Amendment) Bill which will bring the existing legislation more into line with the Medical Registration Ordinance. The Bill makes provision for the establishment of a Dental Council which will replace the Dental Board and will bring up to date the registration and disciplinary procedures.

39. There is not, as yet, a School of Dentistry in Hong Kong and the Board supported recommendations to Government that a School



should be established within the University of Hong Kong. The project has been approved in principle and preliminary estimates of cost and schedules of accommodation are being studied jointly by the University and Government. Meantime the Dental Board continues to act as an examining body for candidates trained outside the Colony who are not in possession of a qualification recognized by the Board for full registration without examination.

40. Negotiations were conducted with the Board of Dental Examiners in the Philippines to enable Hong Kong graduates of recognized Dental Schools in the Philippines to take the State examinations there. On passing these examinations these graduates may then be considered for registration with the Hong Kong Dental Board without further examination. This is a temporary privilege until such time as facilities are available at Hong Kong University for a full course of undergraduate training. The graduates concerned undertake not to practise dentistry in the Philippines.

41. There were 22 applications for admission to the Dental Register of which 13 were accepted without examination, 3 applicants were rejected and 6 were invited to sit examinations held by the Board. Out of 5 candidates who attempted the examinations 2 were successful and 3 were referred for six months.

#### *Pharmacy Board*

42. The Board met four times for the transaction of routine business, the major part of which was the introduction of subsidiary legislation for the control of habit-forming drugs, particularly certain tranquillizers. Attention was also given to the amendment of the Undesirable Advertisements Ordinance for the better control of the advertising of patent medicines purporting to relieve or cure insomnia.

43. There is no course of training in Pharmacy now conducted in Hong Kong which leads to registration with the Pharmacy Board. Accordingly, this problem is under investigation by the Board with a view to making recommendations to Government regarding the policy that should be adopted to ensure an adequate supply of trained pharmacists for the future.

44. The Pharmaceutical Society of Hong Kong submitted to the Board proposals for the amendment and re-enactment of the Pharmacy and Poisons Ordinance and Regulations. The Board appointed a sub-committee of two members to study the whole question in the light of

the proposals received and work is proceeding on a schedule of revision and amendments.

45. The practice of employing part time pharmacists in chemists' shops which are authorized sellers of first and third list poisons was also investigated by the Board. There is a growing tendency for hours of sale of certain poisons and dangerous drugs to be limited to short periods of the day and the service to the public is thus unduly restricted. Recommendations regarding the amendment of the legislation governing the employment of Registered Pharmacists have been made to Government.

46. There were thirteen applications for registration of which seven were accepted without examination. Four applicants were invited to sit examinations held by the Board of whom three attempted these examinations. Two candidates were successful and the others were referred for a further twelve months practical training under the supervision of a Registered Pharmacist.

#### *Nursing Board*

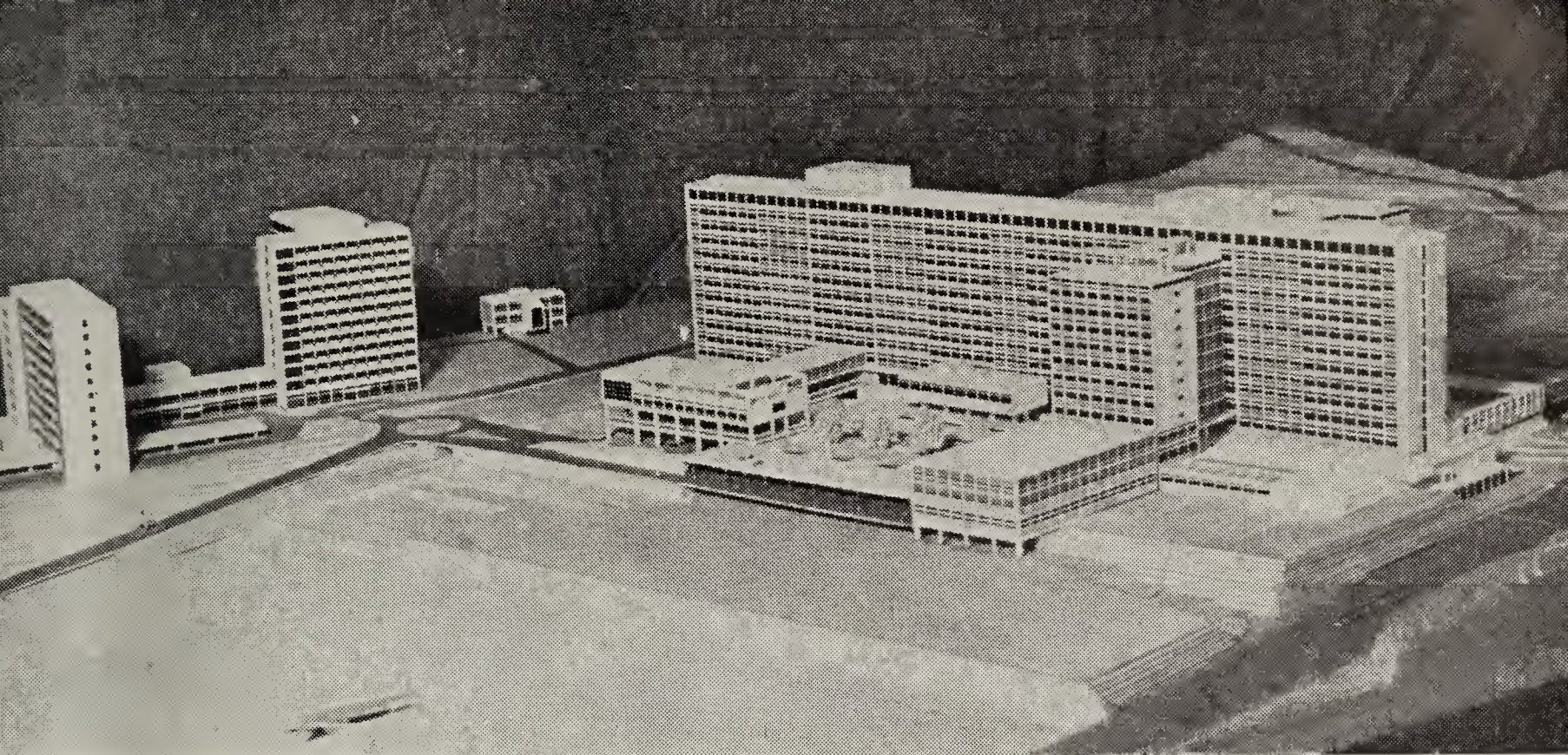
47. The qualification of Registered Nurse granted by the Board has been recognized by the Nursing Councils in the United Kingdom since 1939. Statutory preliminary and final examinations are held twice each year in the English and Chinese languages, under the general supervision of the Board, which appoints examiners, conducts the examinations and approves the results.

48. For the preliminary examinations 233 candidates were entered by the approved training schools and 134 passed in all subjects. There were 235 candidates accepted for the final examinations and 153 passed in all subjects.

49. The Nursing Board met four times during the year and in addition to business in connexion with examinations, much work was done on the revision of the Nurses Registration Ordinance and Regulations. Government has approved the drafting of a Bill to amend and re-enact the Ordinance and by the end of the year drafting was well under way.

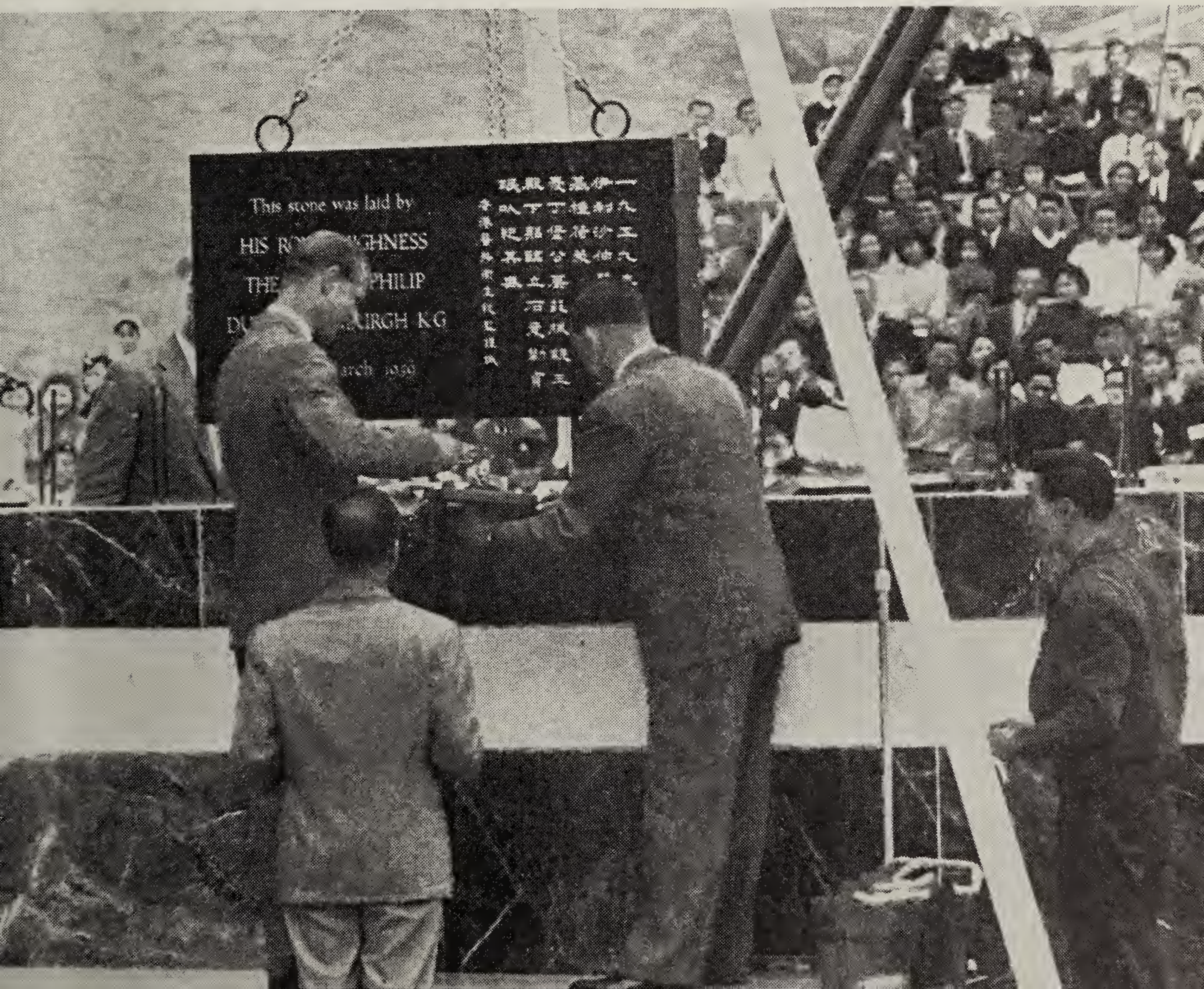
50. At the meeting in March 1959 the Board decided to open a supplementary part of the Register for Mental Nurses. Preliminary inquiries have been made regarding the recognition of a course of training for Mental Nurses in Hong Kong by the General Nursing Council in the United Kingdom.



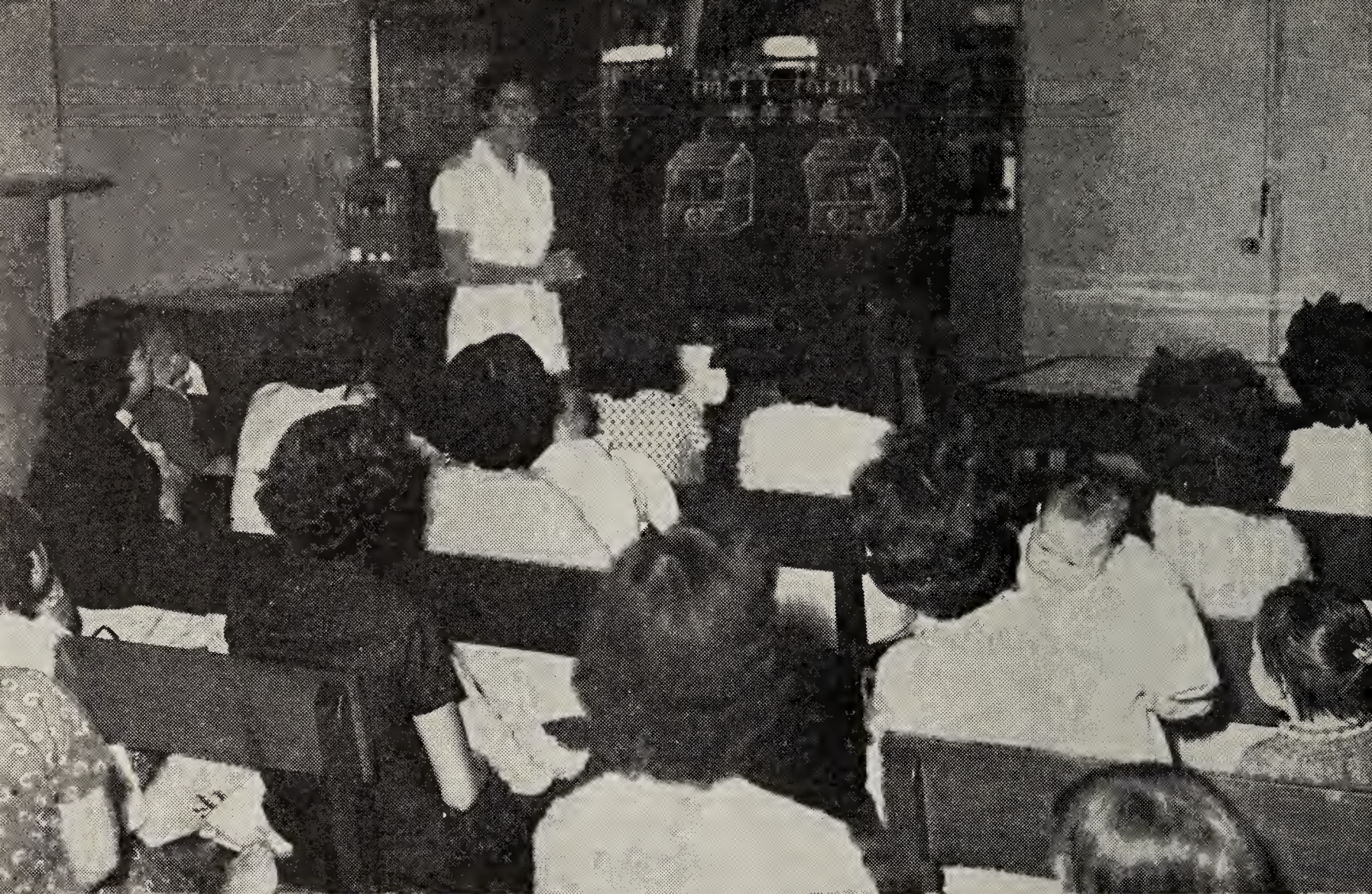


A model of the Queen Elizabeth Hospital, with the Sisters' & Nurses' Quarters and Training School on the left.

H.R.H. the Duke of Edinburgh laid the foundation stone of the Queen Elizabeth Hospital on Saturday, 7th March, 1959.







Child health lecturer talking to mothers at the Sai Ying Pun Hospital.



Children (most with parents) at the Wan Chai Polyclinic.



51. There were 169 applicants for registration with the Board without examination. Of these 163 were nurses who had qualified at Training Schools recognized by the Board and their names were entered in the Register.

#### *Midwives Board*

52. This Board meets four times each year and conducts examinations in April, July, October and January. The course of training in midwifery lasts two years for girls entering the course direct but registered nurses are accepted for entry to the examinations after one year's full time training in midwifery.

53. Owing to the social conditions existing in the Colony there is very little scope for domiciliary midwifery and the majority of confinements take place in hospitals and maternity homes. Therefore the qualification given by the Board is not fully recognized by the Central Midwives Board of the United Kingdom for registration there. There is, however, a remission of three-quarters of the period of training in the United Kingdom granted to midwives registered in Hong Kong who may wish to sit the State Certified Midwives examinations.

54. There were 127 candidates accepted for the Board's examinations from approved training schools in the Colony; of these 121 passed the examinations and their names were entered in the Roll of Midwives. There were a further 6 applications for enrolment, including 4 from midwives trained at schools outside the Colony which are recognized by the Board, and 5 of these were accepted; in addition 7 names were restored to the Roll.

55. Again the revision of existing legislation occupied much of the time of the Board and proposals for a complete revision and re-enactment of the Midwives Ordinance and Regulations were submitted to Government. This revision provides for new Disciplinary Procedure Regulations.

56. There was one case of unethical conduct considered by the Board which resulted in a reprimand and warning to the midwife concerned.

#### FINANCE

57. The actual expenditure of the Medical Department for the financial year ended 31st March 1959 was \$39,792,227 to which should be added a further \$14,198,093 disbursed in the form of subventions. Capital expenditure on medical projects under the Public Works Non-

Recurrent head totalled \$5,755,291. These amounts represent 10.127% of the Colony's total expenditure during the year. This does not include expenditure on environmental sanitation by the Urban Services Department and the District Administration of the New Territories.

58. The total revenue collected from all sources by the Department totalled \$2,843,507.

59. The largest subvention was made to the Tung Wah Group of Hospitals which received \$9,800,479; in addition, a capital grant of \$4,900,000 was made towards the cost of the first phase of the re-development of the Kwong Wah Hospital. Other large subventions were \$2,057,767 to the Grantham Hospital, \$1,047,960 to the Hong Kong Anti-Tuberculosis Association and \$500,000 to the Mission to Lepers. Hong Kong Auxiliary.

#### LEGISLATION

60. The following legislation dealing with medical and health matters was enacted during the year 1958/59:

##### *Ordinances:*

- (i) Pharmacopoeia Ordinance, 1958.
- (ii) Medical Registration (Amendment) Ordinance, 1958—  
‘Treatment of diseases of the eye.’
- (iii) Medical Registration (Amendment) (No. 2) Ordinance, 1958—  
‘Powers of the Council to restore names to the medical register.’
- (iv) Medical Registration (Amendment) (No. 3) Ordinance, 1958—  
‘Alternative requirements as to experience in certain cases.’
- (v) Quarantine and Prevention of Disease (Amendment) Ordinance No. 20 of 1958—  
‘Power to require evidence of protection against smallpox in certain cases and repeal of the Vaccination Ordinance, 1923.’

##### *Rules and Regulations:*

- (a) Dangerous Drugs (Amendment of Schedule) Order, 1958.  
(G.N.A. 52/58).
- (b) Poisons List (Amendment) (No. 2) Regulations, 1958.  
(G.N.A. 56/58).
- (c) Poisons (Amendment) (No. 2) Regulations, 1958.  
(G.N.A. 57/58).



(d) Dangerous Drugs (Amendment of Schedule) (No. 2) Order, 1958.

(G.N.A. 59/58).

(e) Dangerous Drugs (Amendment of Schedule) Order, 1959.

(G.N.A. 10/59).

(f) Prevention of the Spread of Infectious Diseases Regulations, 1955—Declaration under Reg. 2 (G.N.A. 26 of 1958).

‘Making ophthalmia neonatorum a notifiable disease.’

61. The most important items of legislation were the enactment of the Pharmacopoeia Ordinance, 1958, amendments to the Medical Registration Ordinance, 1957 and the addition of barbitone, pheno-barbitone and their salts to the schedule of dangerous drugs. The Pharmacopoeia Ordinance was enacted to enable the Medical Council to approve the adoption in the Colony of a pharmacopoeia and thus, by giving official recognition to the standards therein specified, to remove uncertainty as to what are the proper ingredients and proportions of drugs bought and sold. This Ordinance further provides for the publication in the *Gazette* of notification of the adoption of a pharmacopoeia which can then be admitted in evidence in the Courts.

62. The amendments to the Medical Registration Ordinance, 1957, were:

- (i) the inclusion of a new Section 30A, which makes it an offence for any person, unless he is a registered medical practitioner or is provisionally registered, to hold himself out as being qualified, competent or willing to undertake the treatment of diseases of the human eye, to prescribe remedies therefor or to give advice in connexion with such treatment.
- (ii) An amendment to Section 24, which corrected a minor omission in the drafting of the Ordinance and deals with the restoration to the Register of names which were removed before the enactment of the 1957 Ordinance.
- (iii) the inclusion of a new Section 10A which follows the United Kingdom Medical Act 1956 (Amendment) Act 1958. This empowers the Council to recognize experience other than that obtained in employment in a resident capacity in an approved institution as required by Section 9 of the Ordinance. In this way doctors who hold a non-registrable qualification granted before 1st July, 1953 and who subsequently obtained a registrable qualification may be fully registered without having to undergo a further twelve months compulsory internship.

63. Powers to prevent the importation of smallpox by requiring persons arriving in the Colony to produce either a valid international certificate of vaccination or satisfactory evidence of a previous attack of the disease have been provided by the amendment of the Quarantine and Prevention of Disease Ordinance. There is now little difficulty in securing voluntary acceptance of vaccination against smallpox and as the proportion of the population who have been immunized is extremely high, it was considered that there was little point in retaining the powers provided under the Vaccination Ordinance, which has therefore been repealed.

## II. PUBLIC HEALTH

### GENERAL COMMENTS

64. There were no major outbreaks of epidemic disease during the year but there was a rise in the incidence of notifiable communicable diseases which was 3.86% greater than that of the previous year. Increased incidences of poliomyelitis, diphtheria, whooping cough, amoebiasis, the enteric fevers and malaria occurred. Ophthalmia neonatorum was gazetted as a notifiable disease in June 1958 and this accounted for part of the increase.

65. Despite widespread outbreaks of cholera and epidemics of smallpox in countries in close and direct communication with Hong Kong, the Colony again remained free from the six formidable epidemic diseases which are the subject of International Quarantine agreements. The strictest possible quarantine precautions were taken to prevent the re-introduction of cholera and vaccine production was increased to ensure an adequate reserve for any emergency. Fortunately the vaccination state of the general population against smallpox remains high and when the need arises there is no difficulty in eliciting a massive response to vaccination.

66. For the third year in succession there was no case of rabies either in animals or humans.

67. Tuberculosis continues to be the major communicable disease problem but encouraging progress is being made in the vaccination of newborn infants with B.C.G., in the development of the facilities for ambulatory chemotherapy and in the provision of beds for the accommodation of cases that will respond best to hospital care. The



segregation of chronic cases with infections resistant to therapy is not yet possible on any significant scale and this essential adjunct to control is being reviewed in the light of staff and construction resources. The re-settlement of squatters proceeds steadily but the enormous re-housing problem means that the proper care of chronic tuberculosis in the home will have little place in the control programme for many years to come.

#### VITAL STATISTICS

68. Under the Births and Deaths Registration Ordinance, registration of births and deaths occurring in the Colony is compulsory.

69. The number of 106,624 registered births again exceeds all previous totals. It was 8,790 more than in 1957, which itself was a record year. Taking the estimated mid-year population of 2,748,000, the crude birth rate was 38.8 per thousand of population, which was slightly higher than the rate in 1957 of 37.9 per thousand.

70. On the other hand, the total number of deaths from all causes was only 20,554, only 1,189 more than in 1957. The crude death rate was 7.5 per thousand of population, the same figure as for 1957.

71. The net natural increase in the population of the Colony during 1958 was thus 86,070, as against 78,469 in 1957.

72. There were 1,297 still births recorded, which gives a pre-natal wastage of just over 12 for every 1,000 of all births. The number dying in the first month of life, always the most dangerous period of a child's life, was 2,492, giving a neo-natal mortality rate of 23.4 in every thousand live births. This shows a slight decrease compared with 1957, when the rate was 23.8 per thousand live births.

73. Deaths of infants under one year of age numbered 5 786, which is 28.15% of deaths from all causes as compared with 28.07% in 1957, giving an infant mortality rate of 54.3 per thousand live births, compared with 55.6 per thousand in 1957. Of an increasing number of babies born, an increasing number is surviving. On an average 292 babies are born in the Colony each day, of which at least 276 survive their first year of life; in the past it would not have been unusual for at least one hundred of them to die before reaching the age of twelve months. This dramatic success is a tribute to those engaged in the maternal and child health services, but, this improved situation is posing fresh problems in regard to medical services, education, employment and housing.

74. The following table sets out the figures of infant and neo-natal deaths in detail:

TABLE 1

<i>Age Period</i>				<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>
0—1 day	..	..	..	224	212	222	209
1—7 days	..	..	..	989	1,091	1,101	1,204
1—4 weeks	..	..	..	882	1,039	1,007	1,079
4 weeks—3 months	..	..	..	1,148	961	874	873
3—6 months	..	..	..	1,121	944	893	846
6—9 months	..	..	..	957	904	763	835
9—12 months	..	..	..	691	744	576	740
Total under 1 year				6,012	5,895	5,436	5,786
Infant Mortality rate				66.4	60.9	55.6	54.3
No. of deaths under 4 weeks				2,095	2,342	2,330	2,492
Neo-natal Mortality rate				23.1	24.2	23.8	23.4

75. There has been a considerable drop in the maternal mortality rate from 1.06 per thousand deliveries in 1957 to 0.85 per thousand deliveries in 1958. The following table sets out the maternal mortality figures for the years 1955-1958 in detail:

TABLE 2

<i>Year</i>	<i>Live Births</i>		<i>Total Live and Still Births</i>	<i>Pregnancy and Child bearing</i>		<i>Abortion</i>		<i>Maternal Mortality Rate</i>	
	<i>No. of deaths</i>	<i>Rate per 1,000 births</i>		<i>No. of deaths</i>	<i>Rate per 1,000 births</i>	<i>No. of deaths</i>	<i>Rate per 1,000 births</i>	<i>No. of deaths</i>	<i>Rate per 1,000 births</i>
1955 .. ..	90,511	1,250	91,761	104	1.13	3	0.03	107	1.16
1956 .. ..	96,746	988	97,734	86	0.88	2	0.02	88	0.90
1957 .. ..	97,834	1,245	99,079	101	1.02	4	0.04	105	1.06
1958 .. ..	106,624	1,297	107,921	88	0.81	4	0.04	92	0.85

76. The following table shows deaths from toxæmias of pregnancy during the year 1955-1958.

TABLE 3

<i>Year</i>	<i>Deaths from Toxaemias of Pregnancy</i>		<i>Total births (including still births)</i>	<i>Death rate per thousand</i>
1955 ... ..	...	48	91,761	0.5
1956 ... ..	...	36	97,734	0.4
1957 ... ..	...	32	99,079	0.3
1958 ... ..	...	28	107,921	0.3

77. Details of the principal causes of mortality are set out in the following table:

TABLE 4

<i>Causes of Deaths</i>	<i>Number of Deaths</i>			
	1955	1956	1957	1958
Pneumonia (all forms) ... ..	3,821	3,548	3,836	4,456
Tuberculosis of respiratory system	1,925	1,901	2,069	1,827
Tuberculosis (other forms) ...	885	728	606	475
Gastro-enteris and colitis ...	2,264	2,361	1,714	1,650
Malignant neoplasms ... ..	1,190	1,262	1,380	1,704
Premature births ... ..	912	982	949	859

### III. WORK OF THE HEALTH DIVISION

#### HYGIENE AND SANITATION

##### *Urban Areas*

78. The need for improved environmental sanitation in the urban areas of Hong Kong and Kowloon continues to increase and such work requires constant reinforcements of supervisory staff in order to maintain even minimum standards.

79. As previously, the duties of the Health Officers were mainly concerned with the public health aspect of environmental sanitation, food hygiene, infectious disease control and the guidance of the Health Inspectorate in carrying out their day-to-day functions.

80. Routine house inspection continued during the year and this opportunity to gain easy and regular access to householders provided an effective means of distribution of health education leaflets dealing with infectious diseases, immunization, pure food, and the proper disposal of refuse. Some 40,000 of these leaflets were distributed and much advice was also given verbally to householders during these inspections.

81. A high proportion of milk and ice cream samples taken for examination continued to show unsatisfactory bacteriological results. Some 29% of milk samples and 25% of ice cream samples were below the required standards; a higher incidence of unsatisfactory samples was found in Kowloon than in Hong Kong.

82. Special attention was paid to the sale of cut fruit and the control of cold drinks and ice cream in the latter half of the year, following the notification of an epidemic of cholera in Thailand.

83. Four outbreaks of food poisoning were reported during the year. One involved five children who had eaten ham and egg sandwiches; there was no residue recovered for analysis but gastric lavage resulted



in the isolation of coagulase-positive staphylococci. In another outbreak which involved eleven adults and caused one death, the agent was presumed to be a toxin from puffer fish.

84. There has been continuing and increasing health propaganda designed to encourage hygienic methods of food handling by employees of restaurants and other food premises. A series of locally made colour slides was shown to all food handlers of licensed premises in resettlement estates.

85. The investigation and control of cases of notifiable infectious diseases, except tuberculosis and malaria, continued to be one of the major tasks of the Health Staff.

86. A number of nuisances due to mosquitoes and flies continued to occur in certain parts of the urban areas. During an 'Anti-Mosquito Week' which was held in March, 5,000 posters were displayed, handbills were distributed and a film was shown in a number of schools. In addition, lectures were given in over 600 schools and a van equipped with a loud hailer was used for propaganda amongst the general public.

87. During the year fly control teams were organized in some outlying areas. These teams took direct action by the destruction of larvae whenever possible, this being considered preferable to attacking the adult insects by the use of insecticide with the risk of the development of resistance. The results were extremely encouraging.

88. Health education work has increased during the year both in scope and volume. A long-term programme covering all important aspects of community and household hygiene has been devised by a special Select Committee of the Urban Council, of which the Senior Health Officer is an active member.

### *Rural Areas*

89. Malaria has continued to remain a problem in the district around Sai Kung from whence some 83% of the notified cases of malaria emanate. In March 1959 a pilot scheme of malaria prophylaxis, using paludrine twice weekly, was started in two villages. Should the scheme prove practicable and successful it will be extended to include villages throughout the Sai Kung district.

90. An attempt to secure much more widespread use of composting as a means of refuse disposal has met with little success, there being a traditional reluctance to use compost as a fertilizer. Efforts will continue however and it is planned to improve scavenging and refuse

disposal in the more remote villages by the employment of more labourers locally.

91. A development of considerable importance has been the provision of a piped pure water supply for Tai O. All licensed restaurants now receive their water from this source.

92. At the 1959 New Territories Agricultural Show a Health Education Exhibition was staged at a stall acquired for the purpose. This attracted a good deal of interest and it is planned to repeat the experiment next year, on a more ambitious scale.

#### EPIDEMIOLOGY

93. During the year a total of 18,872 cases of notifiable communicable diseases was registered, representing an increase of 702 or 3.86% over that of the preceding year. The rise was mainly due to increase of 217 for poliomyelitis (from 45 to 262), 316 for diphtheria (from 1,239 to 1,555), 101 for whooping cough (from 96 to 197), 212 for malaria (from 447 to 659) and to the inclusion, for the first time, of 105 cases of ophthalmia neonatorum. Of the notifications, 15,270 or 80.9% were made by Government Hospitals and Clinics, 1,687 or 8.9% by the Tung Wah Group of Hospitals and the remaining 1,915 or 10.2% by other hospitals and by private practitioners. The total number of deaths from these diseases was 2,762 as compared with 2,965 in 1957, a drop of 6.9% and is the lowest recorded since 1949.

94. The incidence and mortality rates of notifiable diseases in 1958 were 686.8 and 100.5 per 100,000 of population respectively as against 703.4 and 114.8 in 1957.

95. The table at Appendix 2 gives the numbers of cases of and deaths from notifiable diseases reported in the Colony in 1958.

#### *Influenza*

96. This disease was made voluntarily notifiable following the widespread epidemic in 1957. There was no recurrence in epidemic form during the year, but a total of 33,700 notifications was recorded, the incidence being highest in the second quarter of the year. Deaths attributed to the disease numbered 39. Nose and throat washings were sent at intervals to the Department of Bacteriology of the University of Malaya and Influenza A virus (Asian Type) was recovered on each occasion.



### *Amoebiasis*

97. A total of 262 cases was recorded as against 217 in the previous year; children under 10 years of age accounted for 100 cases or 38.2%. There were 12 deaths from this cause, giving a case fatality rate of 4.6%. The corresponding figures for 1957 were 8 deaths and 3.7% respectively. During the course of routine investigation of case contacts, 3 carriers were discovered and treatment was arranged by Health Officers.

### *Bacillary Dysentery*

98. Cases reported during the year totalled 424, as compared with 550 in 1957. Deaths totalled 25, giving a case fatality rate of 5.9%. Corresponding figures for 1957 were 9 deaths and 1.6% respectively. The incidence amongst children under 10 years of age remained high, accounting for 192 cases or 45.3% of the total. Corresponding figures for 1957 were 235 cases and 42.7%.

99. Sixty-eight carriers were discovered amongst case contacts. These received treatment and were kept under supervision until 3 consecutive stool specimens proved negative.

### *Enteric Fever*

100. It is interesting to note that the high incidence peak formerly experienced during the summer months has been absent continuously since 1954. The seasonal variation during this year was not marked and the number of cases was fairly evenly distributed throughout the four quarters of the year. There was a total of 816 notifications (2 non-Chinese) which included 33 cases of para-typhoid, as compared with 728 notifications (4 non-Chinese), and 26 cases of para-typhoid during 1957. Deaths attributed to this infection numbered 34 giving a case fatality rate of 4.2% which is the lowest on record. Incidence in the 5-9 and 10-14 age groups remained high being 189 or 23.2% and 193 or 23.7% of the total as against 207 or 28.4% and 143 or 19.6% respectively in the preceding year.

101. As in past years, free T.A.B. inoculation was available to members of the public throughout the year and a special campaign was carried out during the three months April to June inclusive. A total of 73,077 first doses, 38,030 second doses and 77,873 booster doses were given during the campaign. Total figures for the year were: first doses, 103,381; second doses, 70,833; booster doses, 95,044.

102. Other preventive and control measures included education of the public in personal and general hygiene, the supervision of eating



houses and restaurants and the exclusion of carriers from food-handling occupations.

Chickenpox

103. There were 278 cases notified during the year as compared with 280 cases in 1957. More than 75% of the cases were recorded during the first four months of the year.

Diphtheria

104. There were 1,555 cases of diphtheria notified, representing an increase of 316 or 25.5% over last year's record figures. Most of the cases were recorded in the first (576) and last (598) quarters of the year, that is, during the cold season. Deaths attributed to this infection numbered 134, giving a case fatality rate of 8.6%. Corresponding figures for 1957 were 129 deaths and 10.4%.

105. Incidences in the various age groups were as follows:

Age	0—4	...	...	...	...	...	796	(51.2%	of the total)
„	5—9	...	...	...	...	...	441	(28.4%	„ „ „ )
„	10 or over	...	...	...	...	...	318	(20.4%	„ „ „ )

106. Of the total of 1,555 cases, 513 or 33.0% occurred on Hong Kong Island, 820 or 52.7% in the urban areas of Kowloon and the remainder in the New Territories or amongst the floating population.

107. The predominant strain recovered in the laboratory continues to be *C. diphtheriae mitis*; of 565 cases typed in the Government Institute of Pathology during 1958, the *mitis* strain was recovered from 550, two cases rendered an *intermedius* strain and 13 a *gravis* strain.

108. Particular attention was paid to strains recovered from the numerous “bull neck” cases seen and they proved to be invariably *mitis*. These cases are believed to be due mainly to treatment with herbal powders which are blown into the fauces for the treatment of sore throat and which cause an irritant effect leading to a superficial ulceration which becomes secondarily infected. Such cases also tend to be admitted later than others—usually on the fifth to seventh days or even later.

109. Prophylactic immunization against diphtheria is available free to the public throughout the year and a special campaign is instituted each year before the onset of the winter season. It is disappointing to note, however, that the response from the public was far from satisfactory. A total of 109,336 first doses was given, together with 90,396 second doses and 42,330 booster doses, all these figures being consider-

ably lower than in the preceding year. In these circumstances the number of infants and children immunized each year is not sufficient to bring the disease under satisfactory control.

110. The routine investigation of notified cases and their contacts was carried out by the Health staff and resulted in the discovery of 29 carriers.

### *Measles*

111. Cases reported during the year numbered 786, showing a drop of 89 or 10.2% as compared with the preceding year.

112. The number of deaths attributed to measles was unusually high, namely 191, giving a case fatality rate of 24.3%. Corresponding figures for 1957 were 93 deaths and 10.6%. The recorded death rate from measles is unduly high because of the many mild cases which are not notified and the late admission of cases with complications, such as broncho-pneumonia, to hospital.

113. The infection was most prevalent in the second and fourth quarters of the year. Outbreaks were observed in institutions and schools.

### *Poliomyelitis*

114. The notifications of acute paralytic poliomyelitis rose sharply during May and June, reaching the highest monthly totals ever recorded of 53 in May and 82 in June. There was a decline in July and August with a rapid fall thereafter. A spot map of the occurrence of notified cases showed a fairly even and sporadic distribution throughout the whole Colony. All told, 262 cases were notified compared with 45 during the previous twelve months; 41 deaths were registered giving a case fatality rate of 15.6%. There were 13 non-Chinese cases and amongst the Chinese population affected 66.3% of all cases occurred in the 0-1 age group; amongst the non-Chinese cases the incidence was highest amongst adults with a case fatality rate of 43%. The overall incidence was 9.53 cases per 100,000 of population with a mortality rate of 1.5 per 100,000. As was expected a type I virus proved to be responsible.

115. There was naturally considerable public anxiety and a demand for a mass vaccination campaign throughout the Colony. Investigation revealed however that during previous years the number of infants brought to the physiotherapy clinics for treatment of paralysed limbs of recent onset greatly exceeded the number of cases of the disease



notified. This indicated the possibility of cases not being diagnosed in the acute stage of infection and it appeared probable that much of the increase in notification during 1958 may have been due to a more general awareness of the disease, better and earlier diagnosis and an increased appreciation of the benefits of early hospital treatment and physiotherapy. Taken in conjunction with the distribution of cases notified throughout the Colony it seemed certain that there was not in fact a greatly increased incidence over previous years but that many more cases were being diagnosed early and admitted to hospital during the acute stage.

116. The question of using a Salk type vaccine on a mass scale was given the most careful consideration. The use of this vaccine as a control measure during periods of peak incidence has not proved to be effective; the significant protection of the most vulnerable age group of 0-4 years could be expected to be ensured only over a period of several months. Even then success depends on the full co-operation of parents to ensure that the initial and 'booster' doses are given to schedule. Experience with diphtheria and typhoid inoculations in the Colony has shown that this essential co-operation is not forthcoming when more than one injection has to be given.

117. An oral type vaccine of proved efficacy was not available for general use at that time and was still largely in the experimental stage when it could not be released for use for mass vaccination without significant risk unless applied under the most carefully controlled conditions. Later in the year, the outbreak of poliomyelitis in Singapore presented an opportunity to gain experience of the use of the Sabin oral vaccine administered under controlled conditions during an epidemic. Administrative and laboratory staff were sent to Singapore to gain experience of the organization and laboratory techniques in use. Thereafter plans were made to establish a Poliomyelitis Virus Unit in Hong Kong so that the use of an oral vaccine, either during an epidemic or as a purely preventive public health measure, would be under adequate laboratory control. Equipment is on order, trained medical and technician staff are now available and the unit is to be established within the University Department of Pathology at the Queen Mary Hospital.

118. The general immunity against poliomyelitis in Hong Kong is high. The following table sets out the results of biological investigations carried out in 1956.

TABLE 5

PERCENTAGE OF PERSONS CARRYING ANTIBODIES IN SERUM

<i>Type of Virus</i>	<i>Urban Areas</i>		<i>Rural Areas</i>		<i>Non-Chinese adults</i>
	<i>Age under 6</i>	<i>Age 6 and over</i>	<i>Age under 6</i>	<i>Age 6 and over</i>	
Type I .. ..	22%	56%	25%	53%	26%
Type II .. ..	53%	50%	25%	57%	45%
Type III .. ..	31%	40%	25%	35%	11%

119. Under conditions of overcrowding, with large numbers of urban tenements served by some 43,000 bucket latrines and the use of almost untreated nightsoil as a fertilizer throughout the New Territories, natural infections must be widespread and continuing and only a very small minority of those infected develop paralysis. None the less, with the increasing birthrate and the gradual installation of water-borne sewerage in all new buildings, more 'infantile paralysis' will undoubtedly occur in the future unless steps are taken to ensure immunization of the most vulnerable age groups.

#### *Scarlet Fever*

120. Ten cases were reported in 1958 as against 5 in 1957. No death was recorded.

#### *Whooping Cough*

121. One hundred and ninety-seven cases were notified during the year as compared with 96 in the preceding year. 2 deaths were reported.

#### *Puerperal Fever*

122. There were 4 cases with no deaths registered this year as against 2 cases with no deaths in 1957. Deliveries in connexion with these 4 cases took place in the home without the help of either a doctor or a qualified midwife. The sick mothers were later removed to hospital where a diagnosis of puerperal infection was made.

#### *Vaccination and Inoculation Campaigns*

123. Free prophylactic vaccinations against smallpox, typhoid and diphtheria were offered to members of the public throughout the year and were developed into large scale vaccination campaigns, preceded by propaganda, as circumstances warranted. Free vaccination against cholera was also available on request. Mobile vaccination teams continued to be sent to Resettlement Estates and areas, factories, institutions and offices. Employers of labour are now co-operating well, as shown



by an increasing number of requests received by the Epidemiologist for the prophylactic vaccination of employees and their families.

124. The anti-diphtheria campaign which commenced in August 1957 continued to operate until 14th January 1958. This was followed by an anti-typhoid inoculation campaign which lasted from 14th April till the end of June. Another mass vaccination campaign against diphtheria, using Alum Precipitated Toxoid, was started on 8th September. This continued until the end of March 1959 because of the continuing high incidence of diphtheria in the Colony. In between these campaigns, vaccination teams covered the New Territories and the fishing population and revisited the resettlement and other high density housing areas in the Colony.

125. Appendix 3 sets out the total numbers of prophylactic immunizations carried out during the year.

#### PORT HEALTH

126. The Port Health Administration is responsible for the prevention of the introduction of infectious diseases into the Colony by sea, land, and air; for the sanitary control of the port areas and the airport; for the carrying out of the provision of the International Sanitary Regulations as embodied in the Quarantine and Prevention of Diseases Ordinance; for the compilation of epidemiological statistics and reports and for organizing prophylactic vaccination campaigns. There are also statutory responsibilities under the Hong Kong Merchant Shipping Ordinance and the Asiatic Emigration Ordinance.

127. Passengers and crews of incoming vessels were inspected at the two Quarantine Anchorages in Kowloon Bay and off Stonecutters Island; arrivals by air were inspected at Kai Tak Airport; and persons entering by the land frontier were checked at the Lo Wu Station Quarantine Post.

128. During the year the staff was increased by one Port Health Officer for the airport and one additional Public Vaccinator for duties on the 'Chee Hong' Floating Dispensary.

129. One Senior Health Inspector, two Health Inspectors, one Fumigator and two Rat-Searchers carried out the fumigation and disinsecting of cargo and ships; they also undertook sanitary duties in the port area and airport, including the collection and despatch of water samples to the Institute of Pathology for bacteriological examination.

130. Four launches and one fumigation barge were allocated by the Marine Department for Port Health work. The four launches have radio telephones installed on board and carry first aid equipment. In addition to routine work in the port area they provide an ambulance service and were frequently used by the Department for miscellaneous duties, arising mainly from new commitments, in the outlying islands.

131. A total of 6,402 ships carrying 59,879 passengers and 281,377 crew were inspected at the Quarantine Anchorages during the year as against 5,015 ships, 70,993 passengers and 245,605 crew in 1957. At the anchorages 791 persons required to be vaccinated against smallpox and 359 against cholera, the latter figure including 46 persons coming from cholera-infected ports and not in possession of International Certificates of Vaccination.

132. There were 27 cases of non-quarantinable infectious diseases found on board ships and arrangements were made for treatment.

133. Radio pratique was granted to 215 ships, and 406 ships were granted free pratique.

134. Altogether, 312,188 persons entered the Colony by the land frontier station at Lo Wu as compared with 686,198 in 1957. Of those entering 54,073 were vaccinated against smallpox.

135. A special check was maintained on arrivals by sea and air from Bangkok on receipt of information of an outbreak of cholera in that port and in other areas of Thailand. Passengers without valid certificates of vaccination against cholera were isolated or kept under surveillance after vaccination for a period of up to five days. Consignments of fruit, vegetables and other foodstuffs which in the opinion of the inspecting Port Health Officer could be infected with cholera, were seized and destroyed. Ships that had taken on water at Bangkok were not permitted to discharge any water into the harbour without preliminary hyper-chlorination. This applied mainly to water ballast and to water for livestock obtained from rivers or streams.

136. In accordance with the Asiatic Emigration Ordinance, an inspection was carried out of all vessels carrying over twenty unberthed passengers travelling as emigrants. Sixty-six ships carrying 7,154 emigrants were inspected during the year as against sixty-four ships with 12,813 emigrants in 1957 and sixty-two ships with 10,173 emigrants in 1956.



137. Although no longer required for International voyages, Bills of Health continued to be sought by masters of vessels and 1,748 Bills of Health were issued compared to a total of 1,861 in 1957.

138. Forty-eight ships were fumigated with sulphur dioxide, twenty-four with cyanide and 130 were granted exemptions. The fumigation staff also carried out the disinsecting of vessels and the fumigation of cargo in lighters.

139. Three Port Health Vaccination Centres were maintained, two on Hong Kong Island and one in Kowloon, for the convenience of persons requiring certificates for international travel. These centres also carry out the prophylactic vaccinations which are provided free to members of the public; 21,560 certificates issued by private medical practitioners were authenticated by Port Health Officers.

140. Regular inspections for the presence of mosquito larvae were carried out on small craft in the harbour. Mosquito breeding was negligible and no *Aedes aegypti* larvae were found on any of the 2,991 junks inspected during the year. The aedes index at the Airport remained at zero.

141. The dock area and airport are included in the rodent control scheme for the Colony. Returns, of rodents destroyed and of bacteriological examinations carried out, were submitted weekly to the W.H.O. Epidemiological Intelligence Station, Singapore.

142. A constant check was maintained on the purity of drinking water supplied to ships. Bacteriological examination of weekly samples from water boats and dock hydrants continued and immediate remedial action was taken when and where necessary by the Water Authority or the Port Health Officers. A total of 430 samples were taken from water boats and dock hydrants and were submitted to the Institute of Pathology for bacteriological examination; 41 samples did not conform to the standard of purity. On request, 91 samples of water were taken from ships of which 39 were sub-standard.

143. A weekly exchange of epidemiological information was maintained with the W.H.O. Epidemiological Intelligence Station, Singapore, and copies of reports were forwarded for the information of the Secretary of State for the Colonies.

144. During 1958, thirteen ships at sea called 'Port Health' Hong Kong for advice on the treatment of sick persons on board.

## TUBERCULOSIS

145. The current policy for the control of tuberculosis, which is the major endemic disease problem facing Hong Kong, must be viewed against the background of the epidemiology and of the economic and social circumstances.

146. By the age of 15, 94.6% of the population show a positive tuberculin test: an average of 12% show radiological evidence of pulmonary disease either arrested, quiescent or active. It is estimated that 2% of the total population have active tubercular disease.

147. The following table indicates the levels of sensitivity to tuberculin in three main age groups:

TABLE 6								% positive
<i>Age group</i>								
1—6 years	...	...	...	...	...	...	...	34.2%
7—14 years	...	...	...	...	...	...	...	72.8%
15 + years	...	...	...	...	...	...	...	94.6%

148. The existing social conditions of overcrowding and low average income of a large section of the population have been dictated by the phenomenal influx of refugees. This has given rise to conditions comparable to those existing in industrial communities in the United Kingdom fifty years ago. At that time, without modern forms of therapy available, treatment was by segregation in institutions which ensured adequate rest and nutrition; the optimum provision of beds for the treatment of tuberculosis was considered to be one bed for each death from the disease. This standard applied to Hong Kong today would require 2,302 beds in institutions set aside solely for the care of tuberculosis.

149. To attain any comparable standard has been beyond the physical or staff resources of the Colony during a ten year period when the influx of population has strained all resources to the utmost. However, the advent of antibiotics, chemo-therapeutic remedies and an immunizing vaccine of proved efficacy has made possible an epidemiological approach aimed at sterilizing sources of infection, the immunization of babies and young children during their most vulnerable years and the full use of such hospital beds as are available for cases who can be cured and returned to the community as useful citizens.

150. Since 1952, the measures developed for the control of tuberculosis have consisted of ambulatory chemotherapy, the vaccination of newborn babies with B.C.G. and the provision of hospital facilities for



the medical and surgical rehabilitation of patients judged to be curable. During this time the number of cases receiving ambulant chemotherapy has risen from 668 in 1952 to 20,678 in 1958; the percentage of new-born infants receiving B.C.G. vaccination has risen from 4.5% to 47% and hospital beds for the treatment of tuberculosis have increased from 573 to 1,444. Economic and social conditions have remained substantially the same. Nonetheless the death rate from tuberculosis has continued its downward trend and the magnitude of this trend appears to indicate that the control measures are meeting with some degree of success.

TABLE 7

<i>Year</i>		<i>Estimated Population</i>	<i>Death rate per 100,000</i>	<i>TUBERCULOSIS</i>	
				<i>Percentage of total deaths</i>	<i>Percentage of tuberculosis deaths below 5 years</i>
1948 ..	..	1,800,000	108.9	14.6	—
1949 ..	..	1,857,000	140.6	16.0	34.8
1950 ..	..	2,265,000	144.0	17.7	38.3
1951 ..	..	2,013,000	208.0	20.0	34.0
1952 ..	..	2,250,000	158.8	18.4	34.3
1953 ..	..	2,250,000	130.6	16.0	36.2
1954 ..	..	2,277,000	126.3	14.9	31.2
1955 ..	..	2,340,000	120.0	14.7	28.0
1956 ..	..	2,440,000	107.0	13.6	25.0
1957 ..	..	2,583,000	103.6	13.9	21.2
1958 ..	..	2,748,000	83.8	11.2	19.6

151. Reference was made in the last Annual Report to the sharp rise in the deaths from tuberculosis recorded during the influenza epidemic occurring in April and May 1957. This resulted in an apparent slowing in the fall in the death rate between 1956 and 1957; the subsequent drop in the rate by 20% between 1957 and 1958 may therefore not be as significant as it appears, but it is nonetheless encouraging. Deaths from all forms of tuberculosis in children under five years of age, which can be regarded as an index of the efficacy of control measures, have fallen by 25%; the figure for deaths from pulmonary disease in this age group has remained relatively unchanged, but one must bear in mind that deaths from tuberculosis at this age are notoriously difficult of accurate diagnosis. In tuberculosis (other forms) the fall has been 60%.

152. In patients over five years of age pulmonary disease continues to account for 92% of the total deaths from tuberculosis. The ratio of male to female deaths at all ages over five is two to one but in the forty-five to forty-nine age group this ratio rises to four to one, a feature

common to tuberculosis mortality statistics in Hong Kong for many years. Estimates, based on sampling, indicate that there is a relatively small preponderance of males in the population which suggests that tuberculosis is not only more prevalent in men in Hong Kong but that it is more lethal, especially in middle life. A noticeable feature is the small number of 10 deaths from tuberculosis in the 15 to 19 age group, the smallest number of any age group of comparable size. The ratio of notifications to deaths in this age group is 41:1 but it falls rapidly and progressively to 2:7 in the age group 60 to 64.

153. The total notifications of tuberculosis and the pattern of distribution remain comparatively unchanged except that an increasing proportion of the total originates from official sources. Notifications during 1957 and 1958 have been as follows:

TABLE 8				1957	1958
Government Chest Clinics ...	...	...	...	8,194	8,787
Other Government Institutions	...	...	...	2,517	2,366
Non-Government Institutions including Tung Wah Group of Hospitals	...	...	...	2,298	1,709
Private Practitioners	...	...	...	656	623
				<u>13,665</u>	<u>13,485</u>

### *Agencies dealing with Tuberculosis control*

#### *Government Tuberculosis Service*

154. Government maintains both clinic and hospital services and subsidizes largely the voluntary and missionary bodies engaged in tuberculosis work.

155. The Government Tuberculosis Service of the Medical and Health Department maintains three whole-time chest clinics, two in Kowloon and one on Hong Kong Island, at which morning, afternoon and evening sessions are conducted. A fourth major chest clinic will be opened on the Island at the new Sai Ying Pun Polyclinic during 1959. At these clinics the full range of diagnostic services is available, including radiology.

156. Part-time chest clinic sessions are also held once weekly at nine centres throughout the Colony, one of which is conducted at the Stanley Prison. Radiological work for these part-time clinics has to be carried out at the main clinics or by the use of the mobile X-ray unit.



157. Treatment at the Government Chest Clinics is free of charge to members of the public. Cases referred to the clinics are seen without limit and, in addition, 60 voluntary first attendances each day can be handled at each whole-time clinic; there is no limit to the number of first voluntary attendance seen at the part-time clinics. Ambulatory chemotherapy is started as soon as a diagnosis of active disease has been made; thereafter cases are selected for admission to hospital as beds become available in the Government Hospitals, the Grantham Hospital and the Ruttonjee Sanatorium. There are 182 beds for the treatment of tuberculosis in Government Hospitals.

*The Hong Kong Anti-Tuberculosis Association*

158. Incorporated by statute, the Association administers two Hospitals, a Convalescent Home, a B.C.G. Clinic, a Tuberculosis Insurance Scheme and a Health Education Service. The two hospitals are the Grantham Hospital of 540 beds and the Ruttonjee Sanatorium of 230 beds; the Freni Memorial Convalescent Home of 106 beds is adjacent to the Ruttonjee Sanatorium and the two institutions are managed as one. The Hong Kong Anti-Tuberculosis Association Board is the governing body of the Association; the Grantham Hospital is the responsibility of the Grantham Hospital Management Board and the Ruttonjee Sanatorium and Freni Memorial Home are managed by the Ruttonjee Sanatorium Management Board. The Hospitals Management Boards are appointed annually by the Board of the Association and consist of nominated members of the Association Board; members of the staff of each institution attend the respective Management Board meetings.

159. The Association's work receives considerable voluntary support and the hospitals are generously subsidized by Government. Treatment at the Ruttonjee Sanatorium and the Freni Memorial Home is entirely free; at the Grantham Hospital maintenance fees are charged on a non-profit making basis and Government now subsidizes 444 of the beds at the rate of \$18 per day for each bed occupied by a Government-sponsored patient.

160. The Grantham Hospital was opened in June 1957, but owing to the shortage of trained nursing staff, the full complement of 540 beds was not in use until November 1958. It is a modern and well-appointed hospital, which offers the full range of medical and surgical treatment.

161. The after-care of patients discharged from Government-sponsored beds is carried out by the Government Chest Clinics but

facilities are available for the Grantham Hospital medical staff to follow up such cases as they may wish, using Government clinic facilities for this purpose. All social work in connexion with these patients is carried out by the Government Tuberculosis Almoner and her staff.

162. The combined total of 336 beds at the Ruttonjee Sanatorium and Freni Memorial Convalescent Home is operated as a single unit which is devoted mainly to the treatment of pulmonary cases, and is staffed by doctors and nurses of the St. Columban Roman Catholic Mission, while the Hong Kong University Clinical Units provide the consulting staff and full medical and surgical treatment is available. The Sanatorium staff run a follow-up clinic for patients discharged from the hospital and a B.C.G. clinic is also maintained. All social work in the institution is carried out by the Government Tuberculosis Almoner.

#### *The Tung Wah Hospitals*

163. Out-patient facilities for the treatment of tuberculosis are provided at the three hospitals and there are 210 beds set aside for in-patient treatment.

#### *The Haven of Hope Sanatorium*

164. This is maintained by the Junk Bay Medical Relief Council and situated in the New Territories. There are 122 beds entirely devoted to the treatment of tuberculosis. The Council also supports out-patient clinic facilities in neighbouring villages.

#### *The Sandy Bay Convalescent Home*

165. The Home contains 54 beds, a proportion of which are occupied by convalescent cases of bone and joint tuberculosis. It is maintained by the Society for the Relief of Disabled Children, assisted by the Hong Kong Branch of the British Red Cross Society, which provides certain of the staff.

#### *Private Agencies*

166. The treatment of tuberculosis is also carried out in private hospitals and nursing homes although no specific number of beds is set aside for this purpose. Treatment is also given on an out-patient basis by general practitioners but the extent is unknown as the notifications bear no relation to the number of cases so treated. The numbers are believed to be high.



## *The Government Tuberculosis Service*

### *Ambulatory Chemotherapy*

167. After a preliminary trial during 1950, the possibilities of ambulatory chemotherapy were quickly realized and have been developed to the utmost during the past eight years, within the limitations set by accommodation and staff. The widespread use of this form of therapy has been the subject of considerable criticism, much of which can only be based on conservatism rather than realism. With an estimated 60,000 persons in the community suffering from active tuberculosis, segregation and institutional treatment for all is not a practical possibility let alone a financial one. Therefore, to obtain the best results attainable within the community resources, policy has necessarily concentrated on the sterilization of as many sources of infection as possible by chemotherapy, the protection by B.C.G. vaccination of the most vulnerable age group and the maximum utilization of hospital beds for cases with prospects of cure and of a return to useful life.

168. One of the main criticisms levelled against the use of ambulatory chemotherapy is that it encourages the emergence of resistant strains.

169. The segregation of chronic cases of tuberculosis, particularly those excreting strains of the mycobacterium resistant to present therapy, undoubtedly poses a problem that requires careful study in relation to the total resources. This problem of the chronic resistant case is at present under investigation and preliminary results indicate that there is a significantly high proportion of 'chronic infectors' who should be segregated but for whom such facilities are not available. On the other hand, pessimism regarding the future and the impact of these chronic open cases on the total problem is only warranted if it is assumed that research will not bring to light more potent non-toxic agents which will be efficacious against the resistant strains. Meantime the policy of the greatest good for the greatest number must prevail and existing resources be utilized to this end.

170. The regimen of treatment for ambulant cases has been extended during the year so that the average patient now starts off treatment with a three-month course of combined streptomycin sulphate—dihydrostreptomycin given by injection on six days of each week together with specially prepared tablets combining PAS and INAH. The palatability

of the latter and the serum levels attained have been assessed by Professor Crofton of Edinburgh University during the year. He found that, from the clinical standpoint, they were highly satisfactory. Sampling carried out at the major Chest Clinics has shown by excretion tests that an average of 80% of ambulant patients do in fact take the PAS/INAH tablets distributed to them by the clinics.

171. The average duration of treatment of cases completing courses of therapy during the year has risen to 23 months as compared with 15 months in 1957. The institution of daily injections, although adding considerably to the work of already overburdened clinics, have proved to give encouraging results to patients and staff alike.

172. The following table details the work accomplished during the year :

TABLE 9

			1957	1958
Brought forward from last year ...	...	...	5,887	9,132
Started treatment during the year ...	...	...	7,964	11,546
Total under treatment during the year ...			13,851	20,678
Completed treatment	...	...	1,213	1,048
Treatment incomplete	Failed to attend	...	2,868	3,048
	Admitted to hospital	...	495	802
	Transferred elsewhere	...	95	1,938
	Died	...	48	109
Still under treatment at the end of the year ...			9,132	13,733

173. The most disappointing feature has been the large number of patients who, despite every effort by the staff of Tuberculosis Workers, fail to complete treatment. The default occurs most commonly during the first three months of treatment and the main excuse given is 'too busy.' The following facts emerge clearly :

- (i) Some patients will attend regularly although they are not taking the drugs prescribed.
- (ii) Drug intolerance, and other symptoms produced by drugs are not an important cause of failure.
- (iii) Treatment by injection, especially by daily injection produces the best attendances.
- (iv) The deterrent effect of distance from the clinic can largely be overcome by daily injections.
- (v) The education status of the patient appears to bear no relation to willingness to attend.



## The Work of Government Clinics

174. The attendances for the past five years have been as follows :

TABLE 10

			1954	1955	1956	1957	1958
<i>First attendances:</i>							
Main Clinics	...	...	35,738	37,789	32,276	32,850	37,063
Branch Clinics	...	...	1,273	2,272	2,331	2,276	2,391
Total	...	...	37,011	40,061	34,607	35,126	39,454
<i>Subsequent attendances:</i>							
Main Clinics	...	...	181,794	304,231	373,222	498,461	749,287
Branch Clinics	...	...	6,675	16,195	28,346	40,821	53,949
Total	...	...	188,469	320,426	401,568	539,282	803,236
GRAND TOTAL	...	...	225,480	360,487	436,175	574,408	842,690

175. The total number of persons in attendance at the clinics during the year was 65,655 which is 10,000 more than for the previous year; of those in attendance 52,311 were registered as suffering from chest disease; 20,678 received active treatment as out-patients.

176. Analysis of the findings in new patients at the main clinics shows the following:

TABLE 11

							1957	1958
Examination incomplete	{	Patients did not attend ...					2,047	3,669
		Information incomplete ..					2,969	2,033
No evidence of tuberculosis or other lung disease ...							18,357	20,937
Other disease	...	...	...	...	...	...	325	10
Tuberculosis	...	...	...	...	...	...	11,428	12,805

177. Classification of tuberculosis according to the stage and extent of the disease was as follows:

TABLE 12

			1957	1958
Active disease	{	Minimal Class I ...	2,071	2,474
		Moderate Class II ...	1,958	2,388
		Advanced Class III ...	1,962	2,095
Quiescent	...	...	3,377	2,965
Arrested	...	...	1,405	1,671
Recovered	...	...	655	677
Bone and Joint Tuberculosis	...	...	—	535

178. Sputum examination of those attending for the first time showed that 29% were open cases.

179. The large increase in total attendances is due to a combination of factors—a greater number of persons are now registered, more new and active cases have been found during the year and each new case is attending more frequently due to the introduction of daily injections. In addition the number of cases seen in Medical Officers' consulting rooms has increased by over 26,000 to 161,919. The attendance of new cases at evening clinics has been disappointing, but the number is rising slowly, mainly due to the use of these clinics by persons first seen during the day sessions but who find it more convenient to come for treatment after work. Accordingly an innovation has been the institution on a trial basis at the Wan Chai Clinic of short evening injection sessions on five nights each week for the convenience of those ambulant cases who are in full employment. These sessions, for injections only, are proving very popular and there is an average attendance of 160 at each session; it is hoped to extend this service to other main clinics during 1959 as more staff becomes available.

#### *Radiological examinations*

180. There are static X-ray units in the main chest clinics which are maintained and staffed by the Radiological Division of the Department. There is also one mobile M.M.R. unit which was unfortunately out of commission for the latter part of the year. Nonetheless the total number of exposures rose by 10% to 176,660.

#### *Bacteriological examinations*

181. All bacteriological work is carried out at the Government Institute of Pathology or one of its branches. A total of 43,071 sputum examinations, carried out for the Tuberculosis Service, was recorded. Laryngeal swab examinations have almost entirely replaced gastric lavage, being much quicker, easier to carry out and reliable enough for routine use.

#### *Examination of Contacts*

182. Free examination is available to all contacts of known cases of tuberculosis and this is offered through the Tuberculosis Workers who visit the homes of all new cases. Contacts under 8 years of age are tuberculin tested; those positive are X-rayed while those negative are offered B.C.G. vaccination. For all contacts over 8 years of age an X-ray examination is carried out.



183. The findings on the examination of contacts carried out during the year were as follows :

TABLE 13		1957	1958
(a) Under 8 years of age			
Tuberculin tests	{ Negative ... ..	855	1,163
	{ Positive ... ..	2,158	2,254
Clinical findings of tuberculin tested positive cases	{ Active tuberculosis ...	121	148
	{ Inactive tuberculosis ...	42	37
	{ Suspicious ... ..	244	384
	{ Free of tuberculosis ...	1,751	1,685
Percentage of active tuberculosis ...		4.02%	4.33%
(b) Over 8 years of age			
Results of examination following contact X-ray	{ Active tuberculosis ...	451	385
	{ Inactive tuberculosis ...	168	183
	{ Suspicious ... ..	533	746
	{ Free of tuberculosis ...	7,238	7,070
Percentage of contacts over 8 years with active tuberculosis ... ..		5.38%	4.59%
Grand total of contacts examined ...		11,403	11,801

*Chemoprophylaxis using INAH*

184. In co-operation with the Maternity and Child Health Service, INAH alone is given for 12 months as a prophylactic measure to tuberculin positive infants under the age of three years who show no signs of tuberculous disease on examination. There were 533 infants treated thus during the year, of whom 199 were attending Maternity and Child Health Clinics. There is considerable controversy regarding the value and dangers of this measure, despite an accumulation of evidence based on controlled experimental work elsewhere which indicates that it is justifiable and worthwhile. Under the circumstances peculiar to Hong Kong any such adjunct to the prevention of active disease cannot be disregarded and this measure, initiated during 1957, is being continued. It is as yet too early to assess the results.

*The Orthopaedic Clinic*

185. Now in its fourth year of operation, this clinic is held at the Wan Chai Chest Clinic under the joint direction of the Consulting Orthopaedic Surgeon to Government, who is Senior Lecturer in the University Department of Surgery, and the Government Orthopaedic Specialist.

186. A plaster clinic is run in conjunction with the Orthopaedic Clinic and general treatment is mainly by ambulatory chemotherapy as for pulmonary disease in the same age groups. By agreement with the Hong Kong Anti-Tuberculosis Association and the Ruttonjee Sana-

torium Board the X-ray work for the clinic is to be done at the adjacent Sanatorium from 1st April, 1959. Previously X-ray requirements had to be met at the Queen Mary Hospital which involved considerable personal and transport problems for spine and joint cases.

187. Hospital treatment for the orthopaedic cases is undertaken at the Queen Mary and Grantham Hospitals and at the Sandy Bay Convalescent Home.

188. Attendances at the clinic during the year comprised 629 first visits and 2,083 subsequent visits as compared with 543 first and 768 subsequent attendances during the previous year. An analysis of the site of the disease in new cases showed that there were 318 spinal cases and 111 hip joint infections; other sites accounted for 106 cases.

189. All home visiting and social work in connexion with the orthopaedic cases is carried out both in the clinics and in the hospitals by the Tuberculosis Almoner and her staff.

*Chest Surgery Clinics*

190. The Government Thoracic Surgeon holds a weekly clinic at the Wan Chai Chest Clinic at which he sees cases referred for a surgical opinion and follows up those patients who have had surgical treatment. There were 659 attendances of which 89 were cases seen for the first time. An additional session is held once in two weeks by the Thoracic Surgeon of the Grantham Hospital who has been assisting in the clearing of a waiting list of patients in need of chest surgery. At this fortnightly clinic 157 patients have been seen, of whom 114 attended for the first time.

191. The combined efforts of these two surgeons have resulted in the elimination of the waiting list and those cases selected for surgical treatment of pulmonary disease can now go straight into hospital as soon as they are ready for surgery.

*Hospital Treatment*

192. The total number of beds maintained or subsidized by Government for the medical and surgical treatment of tuberculosis in the Colony is made up as follows :

Government Hospitals	...	...	...	...	...	...	182
Grantham Hospital	...	...	...	...	...	...	444
Ruttonjee Sanatorium	...	...	...	...	...	...	} 336
Freni Memorial Convalescent Home	...	...	...	...	...	...	
Tung Wah Group of Hospitals	...	...	...	...	...	...	210
Haven of Hope Sanatorium	...	...	...	...	...	...	122
Sandy Bay Convalescent Home	...	...	...	...	...	...	54
							<hr/> 1,348 <hr/>



193. Of this total, distribution of beds is:

Pulmonary Medical						
Government Hospitals	...	...	...	...	...	162
Grantham Hospital ...	...	...	...	...	...	270
Ruttonjee Sanatorium	...	...	...	...	...	182
Haven of Hope Sanatorium	...	...	...	...	...	122
Pulmonary Surgical						
Government Hospitals	...	...	...	...	...	20
Grantham Hospital ...	...	...	...	...	...	98
Ruttonjee Sanatorium	...	...	...	...	...	28
Orthopaedic						
Grantham Hospital ...	...	...	...	...	...	76
Ruttonjee Sanatorium	...	...	...	...	...	20
Convalescent						
Sandy Bay Convalescent Home ...	...	...	...	...	...	54
Freni Memorial Convalescent Home	...	...	...	...	...	106
Chronic & private cases						
Tung Wah Hospitals	...	...	...	...	...	210
Total ...						<u>1,348</u>

194. The distribution and utilization of these beds may vary as circumstances dictate but such variations are at present minimal and for all practical purposes the figures given above are reasonably accurate. At the Alice Ho Miu Ling Nethersole Hospital a small number of surgical cases are admitted from the Haven of Hope Sanatorium each year for pulmonary or orthopaedic surgery.

195. During the year the Grantham Hospital, starting in August, opened up the three unoccupied floors it had not been possible to staff previously. Government agreed to finance the maintenance of the additional 180 beds so provided and to arrange for the clinical supervision of these beds by Government Specialists. This made it possible to free a number of beds in the Lai Chi Kok Hospital for the use of short-term convalescent general medical and surgical patients from the grossly over-burdened Kowloon Hospital and to release a small number of beds in the Queen Mary Hospital for the accommodation of neuro-surgical cases. The result was a slight diminution in the total of beds available in Government and Government-subsidized hospitals for the medical treatment of pulmonary tuberculosis but balanced against this is the greatly increased provision for the ambulant chemotherapy of patients who are fit to continue in employment while under treatment. Further, on the surgical side the increased facilities have had a significant effect on the turnover of patients and the waiting list of pulmonary surgical cases has been eliminated.

196. Selection of cases is undertaken at the Government Chest Clinics, in consultation with the medical staff of the Grantham Hospital and Ruttonjee Sanatorium when patients are to be admitted to beds not under the control of the Government Tuberculosis Service. In this way diagnostic services are not duplicated; on the other hand there is flexibility in that patients in need of admission who are not attending Government Chest Clinics may go direct into both the Grantham Hospital and Ruttonjee Sanatorium. For example private cases may be referred direct to the Grantham Hospital for admission to fee-paying beds, and the University Clinical Units, along with organizations maintaining beds in the Ruttonjee Sanatorium, have the facility of direct admission to that Institution.

#### *Beds in Government Hospitals*

197. The 182 beds are maintained in the Queen Mary Hospital (52), the Lai Chi Kok Hospital (88) and the St. John's Hospital (42) at Cheung Chau. The beds in the Queen Mary Hospital are devoted mainly to specialist investigations and surgery. During the year 86 major surgical procedures were carried out of which 81 were resections. At Lai Chi Kok the beds are used primarily for pulmonary cases under medical treatment. At Cheung Chau medical treatment is given for patients with pulmonary disease and for certain others whose condition has been stabilized elsewhere but who require further therapy under hospital conditions.

#### *Medical Social Work*

198. The Almoner staff of the Tuberculosis Service is provided by the Principal Almoner under whose general direction the medical social work in all Government institutions is carried out. The Tuberculosis Almoner, assisted by a staff of 7 Assistant Almoners and 31 Tuberculosis Workers has her headquarters at the Wan Chai Chest Clinic where she works under the clinical direction of the Senior Tuberculosis Specialist.

199. Owing to the difficulty in the recruitment of suitably qualified staff during 1958 there has been a greatly increased pressure on this section of the organization. During the year medical social work was carried on in seven institutions with a total of 1,016 beds; in addition it was necessary to provide staff for one new chest clinic and to meet the demands inherent in the rapidly increasing number of out-patients now under treatment. As the number of total attendances increased by some 50% the total burden was very heavy. To meet the demand increasing use is being made of the services of the Tuberculosis Workers.



200. During the year the total of new cases of tuberculosis interviewed rose to 10,208, an increase of 1,622 over the previous year. Admissions to hospital, which are arranged by the Almoners, rose by 433 and ward rounds of all hospitals were made at regular intervals. Administrative work in connexion with X-ray surveys is the responsibility of the Tuberculosis Almoner who maintains liaison between organizations requesting surveys of employees, the Radiological Service which maintains and operates the M.M.R. service and the Chest Clinics where the clinical assessments are done and the survey reports issued.

201. The Tuberculosis Almoner had at her disposal a sum of \$250,000 for the assistance and rehabilitation of tuberculous patients and their dependants. Patients under treatment may receive one pound of milk powder each week as appears necessary and 59,709 lb of powder were distributed at a cost of \$94,529. For patients who have had to give up work in order to undergo treatment, weekly financial grants can be made according to need. During 1958 a total of 233 families were assisted for varying periods at a cost of \$115,580 and the average weekly grant made was \$21.45. Rehabilitation grants totalling \$990 were made to seven patients. Domestic help was provided, mainly for the care of children, to 28 families at a cost of \$7,110. In addition 251 patients were assisted by financial grants from the Samaritan Fund. Assistance in kind was given by the distribution of 1,929 CARE parcels, 1,000 lb. of rice and 30 gallons of cooking oil.

202. An important part of the work of the Almoners' section is to try and ensure the regular attendance of patients under treatment and to issue PAS/INAH tablets. As the number of patients receiving treatment at the end of the year was 13,733 this latter responsibility entailed a very great amount of detailed work. The work was made easier during the year by the supply by the manufacturers of tablets in suitable packs instead of in bulk as formerly.

203. The visiting of irregular attenders and defaulters is undertaken by the Tuberculosis Workers. The Tuberculosis Workers are not trained nurses and do not undertake any nursing duties. They work principally on the social side and are responsible to the Tuberculosis Almoner, through the Senior Tuberculosis Workers, for their respective districts. Within each district the Tuberculosis Worker maintains contact between the chest clinic and an average of over 2,000 patients. This ratio is far from satisfactory but despite this a great deal of valuable work was done.

204. The detail of the work done by the Tuberculosis Workers is as follows :

TABLE 14

					1957	1958
First visits to patients	...	...	...	...	7,766	10,381
Revisits	...	...	...	...	4,826	4,874
Number of contact cards issued	...	...	...	...	15,028	16,202
Contacts examined as a result	...	...	...	...	11,403	11,801

205. It is largely through the use of the Tuberculosis Workers that the clinics have been able to deal with the greatly increased volume of work.

#### *B.C.G. Vaccination*

206. The value of B.C.G. vaccination as a protective measure is still widely disputed. Much of the controversy arises from differing concepts of tuberculosis control based on varying social circumstances of the populations at risk. In those countries where public health services have been developed to a level that provides of adequate housing, no over-crowding, high standards of nutrition and optimum ratios of hospital beds to population, tuberculosis morbidity and mortality have been reduced to a very low level. Therefore it is argued with considerable force that to eradicate tuberculosis it is essential that minimal infections, without signs of active diseases, should not be masked by B.C.G. vaccinations; if there is no B.C.G. vaccination, then tuberculin testing is a certain means of detecting potential sources of infection before the disease progresses to the stage of open tuberculosis and these potential sources can thus be detected, segregated and treated. Undoubtedly this is a rational and logical approach within these highly favoured communities.

207. At the other end of the scale there is the underdeveloped and even primitive community coming into close contact for the first time with tuberculosis and without any immunity or means of providing the services essential to initiate control measures. Here it has been argued, perhaps also with some force, that mass B.C.G. vaccination of the total population without Tuberculin Testing is the only economic method of dealing with the situation pending the build-up of health services to the best level attainable.

208. Reference has been made earlier to the environmental background and morbidity statistics against which the problem in Hong Kong must be assessed. The segregation of all open cases of tuberculosis is a practical impossibility within the immediate future. The greatest part of the population has had minimal disease at the age of fifteen years



and has at least temporarily overcome the infection. In fact 98% of the population is not suffering from infectious tuberculosis; the 2% of active cases, is however a continuing source of danger to the non-immunes. As it is not yet possible to sterilize this source by a complete chemo-therapy cover, any measure of proved efficacy that will protect the younger and most vulnerable age groups must be adopted. Protection thus conferred may at least postpone a natural infection during a period when the body forces are being mobilized to deal with continuing exposures to often massive doses of the *Mycobacterium tuberculosis*.

209. Accordingly, B.C.G. vaccination of babies by Tuberculosis Service staff within 2-3 days of birth has been adopted as a routine in all large maternity hospitals in the Colony. All other agencies engaged in this work are encouraged to make use of the free supply of B.C.G. vaccine and part of the training of all registered midwives ensures a practical knowledge of the techniques of B.C.G. vaccination. As has been mentioned earlier the tuberculosis mortality rate from all forms of tuberculosis occurring in the 0-5 age group has been reduced by half over the past six years; social and environmental factors for this age group have not changed significantly and the only new factor introduced has been the use of B.C.G. vaccination.

210. Under the sponsorship of U.N.I.C.E.F. an intensive B.C.G. vaccination campaign was started in 1952. This campaign continued until 1955 when the Tuberculosis Service took over full responsibility for the routine vaccination of newborn babies. The campaign staff was then absorbed into various units within the Medical and Health Department and the function of the central B.C.G. office became mainly that of a supply organization with a total staff of five. The B.C.G. vaccine is obtained from the Alabang Laboratories in Manila.

211. The work done since the beginning of the campaign in 1952 is as follows :

TABLE 15

<i>Year</i>	<i>Tuberculin Test</i>		<i>B.C.G. Vaccination</i>	
	<i>Completed Test</i>	<i>Negative vaccinated</i>	<i>New Borns vaccinated</i>	<i>Grand total vaccinated</i>
1952 ... ..	176,728	38,173	3,120	41,293
1953 ... ..	77,422	27,024	4,883	31,907
1954 ... ..	52,620	15,234	3,050	18,284
1955 ... ..	58,606	15,775	9,587	25,362
1956 ... ..	38,523	5,629	23,418	29,047
1957 ... ..	34,737	10,074	35,149	45,223
1958 ... ..	29,107	10,390	49,865	60,255
Total ...	<u>467,743</u>	<u>122,299</u>	<u>129,072</u>	<u>251,371</u>

### *B.C.G. Vaccination of New Born Babies*

212. The Tuberculosis Service has a staff of three B.C.G. Vaccinators employed full time on this work. These Vaccinators now visit the principal maternity hospitals three times each week instead of twice each week as in previous years. The babies are vaccinated by the multipuncture method using 20 mgm/c.c. vaccine. The vaccine is also available free to private practitioners, midwives in private practice and private hospitals.

213. Of the total of 106,624 births known to have occurred during 1958, some 46.8% was vaccinated with B.C.G.; the percentage for the two previous years was 37.5% and 24% respectively. In view of the very encouraging decline in the death rate from all forms of tuberculosis in children under five, every effort is being made to increase still further the percentage of new born babies protected.

### *B.C.G. Vaccination of other Age Groups*

214. Tuberculin testing is done by the Mantoux test using five International Tuberculin Units of Purified Protein Derivative obtained from Copenhagen in bulk. Those with negative reactions are vaccinated by the intradermal route using vaccine of 1 mgm/c.c. strength. Tuberculin testing and vaccination are carried out as routine measures in the Chest Clinics for tuberculosis contacts, in the School Health Service and in the Maternal and Child Health Service. The Hong Kong Anti-Tuberculosis Association also maintains a full time B.C.G. Clinic. The total number of persons tuberculin tested at these clinics was 29,107 of whom 10,390 were vaccinated subsequently.

### *X-ray Surveys*

215. All Government employees are medically examined, including a chest X-ray, before being appointed to any post and an annual X-ray survey is carried out thereafter. All prisoners undergoing a sentence at the Stanley and Lai Chi Kok Prisons are similarly examined. Surveys are carried out on the request of private firms who will agree to give periods of sick leave to employees found to be suffering from tuberculosis and who guarantee their re-employment when fit to return to work.



216. Surveys of these three groups carried out during the year gave the following results:

TABLE 16

	<i>Government Employees</i>	<i>Private Firms</i>	<i>Prisoners</i>
Total X-rayed ... ..	33,420	8,768	6,279
Examined clinically ... ..	4,801	1,145	946
Active tuberculosis percentage	1.38	1.88	6.24

217. An interesting finding in the annual X-ray survey of Government employees is that the percentage of incidence of new cases remains constant at 0.23%.

218. School teachers in Government schools are X-rayed annually in the course of the survey of Government employees. Teachers taking up first appointments in private schools are required to under-go an X-ray of the chest before they are permitted to teach and the certifying agency is the Medical and Health Department. Of those who attend the Government Chest Clinics for assessment and certification a disturbingly high percentage have active tuberculosis. The situation over the past four years has been as follows:

TABLE 17

	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>
Referred to Chest Clinics ... ..	348	455	318	249
Unfit to teach because of tuberculosis	36	49	53	23
Percentage unfit ... ..	10.6%	10.7%	16.6%	9.2%

219. Teachers found unfit to teach because of tuberculosis are permitted to resume work as soon as it is judged that they can do so without risk to the health of their pupils. There is complete freedom of choice as to where treatment is obtained but priority treatment is available at Government chest clinics and immediate admission to hospital is arranged where necessary.

MALARIA BUREAU

220. The Malaria Bureau undertakes the responsibility for malaria control throughout the Colony, which is divided into 'protected' and 'non-protected' areas. The Malariologist in charge is assisted by two Senior Malaria Inspectors, eleven Malaria Inspectors, one clerk and a labour force of some 250 gangers and labourers. For the greater part of the year there was a Medical Officer also working full time with the Bureau as Assistant Malariologist.

221. The population at risk is approximately 2,748,000 and the cost of control operations during 1959, including action against nuisance mosquitoes in certain restricted areas, was forty cents, or sixpence per head. This takes into account the emoluments of all staff and the expenditure on malaria oil, insecticides and equipment.

222. Malaria is a notifiable disease in the Colony. The main mosquito vector is *A. minimus* but *A. jeyporiensis* var *candidiensis* is also a known vector; *A. maculatus* and *A. hyrcanus* are also potential vectors. The predominant parasite is *P. vivax* which accounts for an average of 92% of the infections notified while *P. falciparum* and *P. malariae* account for an average of 5% and 3% respectively.

223. The total number of cases notified was 659, an increase of 212 cases over the 1957 total and Appendix 4 shows the source of origin of new and recurrent cases and the type of parasite identified.

224. One death from malaria was recorded. This occurred in a patient suffering from cancer who had had a series of emergency blood transfusions which were believed to be the source of the infection. Emergency transfusions, when blood cannot be obtained from the Blood Bank, are an infrequent cause of malaria and 2 other cases were thought to be infected in this way. At Appendix 5 is an analysis of new cases notified from protected areas.

225. The whole of the urban area is protected. This includes Hong Kong Island, Kowloon and New Kowloon. In addition there are relatively small zones in the New Territories, at Rennies Mill Camp, Chi Ma Wan Prison, the township on Cheung Chau Island and the Hei Ling Chau Leprosarium, where control measures are maintained.

226. The control of malaria is based mainly on anti-larval methods and anti-malaria oil, re-introduced in 1957, continues to be employed as the main larvicide. The use of Gammexane Dispersible Powder is now confined to agricultural lands where the application of oil is contra-indicated. In areas where insecticides are used, a close watch is maintained for the emergence of resistant strains of vectors and so far there has not been any significant indication that this may be taking place. Routine adult mosquito catches and larval surveys made during the year in the protected areas were negative with one exception when larvae of *A. maculatus* were found in a portion of one stream which inadvertently had been left unsprayed for a short period. Ninety five



percent of all cases of malaria notified emanate from the New Territories and of these 85% occur in the Sai Kung District.

227. Chemoprophylaxis using paludrine twice weekly continues to be the main defence in the unprotected areas of the New Territories and is used largely for the protection of the Armed Forces and the Police.

228. In the Sai Kung district a pilot experiment in the issue of paludrine to the inhabitants of two villages is now under way. The administrative arrangements are in the hands of the Medical Officer of Health, New Territories, and the staff of the Malaria Bureau is carrying out the assessment of the results. Here a considerable proportion of the cases occur in the floating population living in junks and sampans which ply between the mainland of China and the eastern sea board of the New Territories. The remaining cases are scattered amongst the 44 small villages of the Sai Kung District.

229. In certain instances the Bureau also undertakes the control of culicine mosquito breeding. Diazinon Dispersible Powder has proved to be valuable for the control of breeding of *Culex fatigans* in sumps. For *Aedes togi*, which breeds profusely in brackish water in the numerous rock pools along the shore, the use of gammexane bricks still proves effective after seven years of continuous use.

230. In the Bureau laboratory, work continued on the routine identification of mosquitoes and mosquito larvae, the dissection of mosquitoes and the staining and examination of blood smears. Malaria surveys were carried out at eight villages in the New Territories and field tests were undertaken to determine the efficacy of various insecticides, including the susceptibility of anophelines to these insecticides.

231. Other activities include lectures and demonstrations to medical students, to Health Inspectors, to Health Visitors and to Pest Control staff of the Urban Services Department. Advisory services were also provided for the Army and the Royal Air Force.

#### SOCIAL HYGIENE

232. Under the direction of the Social Hygiene Specialist this division provides specialist services in connexion with venereal diseases, leprosy and dermatology. The Specialist is the Government

consultant in dermatology and part-time lecturer in venereal diseases at the University Medical School. He is assisted by five full-time Medical Officers, a Technical Assistant, an Almoner, 12 Social Hygiene Visitors, 7 male nurses and 14 female nurses. The work is carried on at four clinics on Hong Kong Island, two clinics in Kowloon and four part-time clinics in the New Territories. The Wan Chai Female Social Hygiene Hospital contains 30 beds and a female out-patient clinic. The headquarters of the service is also located in the building.

233. The numbers of new patients and total attendances at all clinics during the past three years are given hereunder:

TABLE 18

<i>Year</i>		<i>New Patients</i>	<i>Total Attendances</i>	<i>Total new Venereal Diseases</i>	<i>% Venereal Diseases</i>	<i>Total non Venereal Diseases</i>	<i>% non Venereal Diseases</i>	<i>Total new skin Diseases</i>	<i>% new skin Diseases</i>
1956	.. ..	32,490	180,148	17,808	54.7	6,245	19.0	8,437	25.6
1957	.. ..	31,393	193,674	15,724	50.0	5,855	18.5	9,814	31.0
1958	.. ..	27,841	203,954	12,877	46.2	6,263	22.5	8,701	31.2

234. At the Wan Chai Hospital 668 patients were admitted, 36 fewer than in 1957. Of this number 46.4% were admitted for gonorrhoea, 9.7% for late latent syphilis and 38% for skin complaints.

### *Laboratory Investigations*

235. The Government Laboratory service carried out 33,609 antenatal blood tests on patients in hospitals, clinics and private maternity homes throughout the Colony using the V.D.R.L. test. Table 19 lists the results over the five year period 1954 to 1958.

TABLE 19

	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>
No. of tests from Clinics & Hospitals	20,748	23,716	26,803	27,330	28,026
% of Positive Rate .. ..	8.5%	4.5%	3.8%	3.5%	3.3%
No. of tests from Private Midwives	5,697	5,439	5,464	4,623	5,583
% of Positive Rate .. ..	6.0%	4.2%	3.4%	2.7%	3.2%

236. Gonococcal cultures and penicillin sensitivity tests have been carried out as a routine throughout the year. For the sensitivity test the disc method has been used and the percentages of resistant strains encountered were 8.8% from males and 5.2% from females.



## Venereal Diseases

237. The incidence of venereal disease in Hong Kong as represented by clinic attendances over the past five years is shown in the following table:

TABLE 20

	1954	1955	1956	1957	1958
New Cases .. .. .	36,652	34,853	32,490	31,393	27,841
Total Attendances .. .. .	223,031	203,701	180,148	193,674	203,954
Admission to Hospital .. .. .	588	704	515	704	668
Notifications .. .. .	2,187	2,743	3,435	4,158	4,686
Total Syphilis (except Congenital) ..	6,825	4,232	3,711	3,190	3,372
Primary Syphilis .. .. .	393	153	93	17	9
Secondary Syphilis .. .. .	54	34	20	7	3
Early Latent Syphilis .. .. .	2,209	1,044	733	450	417
Late Latent Syphilis .. .. .	3,983	2,853	2,616	2,532	2,766
Congenital Syphilis (Under 1 year)	24	19	19	3	7
Congenital Syphilis (Over 1 year) ..	93	111	64	116	86
Gonorrhoea .. .. .	10,785	11,309	10,609	9,881	8,360
Chancroid .. .. .	2,365	2,468	1,614	685	294
Lymphogranuloma Venereum .. .. .	286	249	140	178	91
Non-Veneral Disease .. .. .	14,526	14,788	14,682	15,669	14,159

238. The number of cases of primary and secondary syphilis, 9 cases and 3 cases respectively, is the lowest yet recorded, but there was a rise in the number of cases of late latent syphilis which is apparently due to an extension of routine blood testing. There has been a relative rise in the incidence of late syphilis in men over the age of 35. It is of interest to note that Hong Kong is no exception in recording a considerable reduction in syphilis, gonorrhoea and chancroid similar to that which has occurred in other centres five years after the introduction of penicillin therapy. The situation does not give any cause for complacency and an increase in gonorrhoea may be expected again, as elsewhere, due to the slow emergence of resistant strains of gonorrhoea.

239. An assessment of the incidence of venereal disease in prostitutes attending the Kowloon clinic was made during the year. Of a total of 531 patients attending 17.3% had gonorrhoea, 15% early latent syphilis and 11.8% late latent syphilis.

240. Penicillin continues to be the mainstay of treatment and there has not been any change in the dosage schedule for syphilis, although in three cases it was considered advisable to employ aureomycin in its

place. For gonorrhoea 400,000 units of penicillin continues to be used for treatment of male patients; for females the routine dose is 1,200,000 units. Chancroid is becoming uncommon with a monthly average now of only 25 cases and the disease still responds to treatment with sulphonamides.

241. The five-year period of freedom from serious penicillin reactions was unfortunately broken by the death of one female patient despite the immediate employment of all the recommended measures. Later in the year a similar but not so severe case occurred which responded to the use of the penicillanase, Nutrapen.

242. The following up of defaulters from treatment by letter was, until 1st September 1958, undertaken by a clerk working part time; since then it has been possible to employ him full time on this work. The percentage of success achieved by this method has averaged 24.9% over the past four years. The staff of Social Hygiene Visitors was increased by two, both women, during the year and they paid a total of 7,486 visits to contacts and defaulters. The percentage of success amongst defaulters was 18.2% amongst prostitutes, 18.6 amongst married women and 13.7 amongst men.

243. Health educational material dealing with venereal diseases, consisting of 9,500 pamphlets, 5,300 timetables, 242 metal posters and 650 seamen's cards, was distributed throughout the year. Pamphlets are now enclosed with letters to defaulters under treatment for gonorrhoea. A monthly lecture on venereal diseases to men, women and officer groups at the Aberdeen Police Training School has been established. A course of lectures has been given to nurses in training for the Health Visitor's Certificate of the Royal Society of Health and student nurses attend the Wan Chai Female Social Hygiene Clinic for clinical instruction.

### *Leprosy*

244. The Social Hygiene Service deals with the out-patient treatment of leprosy. This involves case-finding, diagnosis and decisions regarding the regimen of treatment to be followed. A very close liaison is maintained with the Mission to Lepers Hong Kong Auxiliary which maintains the Hei Ling Chau Leprosarium referred to in paragraphs 348 - 351.



245. The following table shows the numbers of new and total attendances at clinics for the last four years:

TABLE 21

	1955	1956	1957	1958
New patients reporting .. ..	762	751	981	976
Lepromatous .. .. .	170	160	173	160
Tuberculoid .. .. .	198	262	262	214
Mixed Type .. .. .	—	1	1	5
Percentage of Lepromatous cases	46%	37.8%	38.7%	42.2%
Total attendances .. .. .	22,012	25,789	31,204	36,338
Number of cases admitted to Hei Ling Chau .. .. .	98	165	132	111

246. Out-patient clinics are held at nine centres, at which eleven sessions are held each week; at Tsuen Wan one session is held each month. Oral dapsone and intramuscular avlosuphone are used for standard therapy. Medapsol (diaminodiphenyl sulphoxide) was put into use as an alternative therapy as from 1st September.

247. The facilities for reconstructive surgery at Hei Ling Chau have not been equal to the demand and it was possible to allocate a few beds in the Queen Mary and Lai Chi Kok Hospitals for the surgical treatment of selected non-infectious cases, under treatment as out-patients, who could not be admitted to Hei Ling Chau. In fact the year 1958 has been a notable one both at Hei Ling Chau and within the Government organizations in that surgical rehabilitation has been established on a significant scale in the Colony. Ulnar nerve transpositions, tendon transplants for foot drop and plastic surgery for the correction of deformities have been carried out in the Government Hospitals on a modest but increasing scale. In this way the earlier cases most suitable for a relatively quick return to work are treated as out-patients until non-infectious and then admitted for comparatively short periods of surgical care.

248. Two almoners, each working part time, between them continue to provide a full-time service at the leprosy clinics. Full use of this service has been made by the patients. An innovation has been the grant of financial aid to the dependants of necessitous leprosy patients during periods of medical or surgical treatment which have interrupted employment.

249. Contact investigations by the Social Hygiene Visitors have given encouraging results. There were 403 visits to the homes of contacts and as a result 260 contacts reported for examination; altogether 481

contacts were examined at clinics. This is a 46% increase over the 1957 figure.

250. The follow up of defaulters from treatment continued and of 291 defaulters visited 30.2% returned for treatment. There were only 11 unco-operative patients; the remainder, totalling 192, could not be traced.

251. 21 cases of leprophobia, a most intractable form of anxiety neurosis, were referred for investigation from clinics throughout the Colony.

### *Dermatology*

252. Patients with skin disease may attend any of the Social Hygiene Clinics, and in addition there are six consulting sessions each week for cases referred for a specialist opinion. These specialist sessions are held at the Kowloon Hospital twice each week and once at the Shek Kip Mei out-patient clinic; on Hong Kong Island there are two sessions at the Queen Mary Hospital and one at the Sai Ying Pun Out-patient Department. There were 2,895 attendances at the specialist sessions and 8,701 at the Social Hygiene Clinics.

253. Female in-patients are treated at the Wan Chai Social Hygiene Hospital. 254 in-patients (38% of all admissions to this hospital) were admitted during the year. Male patients are treated in the Lai Chi Kok Hospital and five beds have been permanently available for this purpose since November 1958.

254. At Appendix 6 is a table of classification and frequency of the skin diseases seen at the Wan Chai Hospital and Clinic and at the University Dermatology out-patient clinic at the Sai Ying Pun Out-patient Department. Primary irritant contact dermatitis constitutes the most frequent diagnosis. Two years ago an interesting contact dermatitis of the foot was common due to the wearing of clogs with rubber straps. This has now receded in incidence due to a change in fashion of footwear and to propaganda initiated by the Industrial Health Officer amongst factory workers. It has been replaced in frequency by dermatitis of the hands, due to the use of certain proprietary detergents.

255. Cases of tuberculosis verrucosis cutis continue to occur, particularly in children, as a result of direct and massive inoculation by sputum. Where 2% of the population have active tuberculosis and where habits of personal hygiene leave much to be desired, this is not unexpected.



256. The development of corticosteroids with fewer side effects and which can be used in the treatment of psoriasis, and the knowledge that cobalt is required in greater quantities for patients with this complaint have given scope for new and useful methods of therapy. Long term cortisone therapy in small doses as applied for infantile eczema in Hong Kong appears both effective and to be without side effects.

257. The use of triamcinolone for both scleroderma and sclerodactyly has been proved to give an easily obtained remission of symptoms and can be expected to give an increased expectancy of life.

258. Boils and cutaneous abscesses showed the usual seasonal rise from May to September. This very common complaint, particularly evident amongst infants and young children, is very intractable to treatment as the infecting staphylococci are almost invariably resistant to penicillin. Constant sampling carried out during the year yielded penicillin-resistant staphylococci in 85% of cases, and there is evidence also of the staphylococcus becoming increasingly resistant to other antibiotics—a striking example of natural adaptation.

259. Thirty-three cases of industrial dermatitis and an additional 76 of non-industrial dermatitis were notified to the Industrial Health Officer.

260. The institution at the Queen Mary Hospital of two weekly sessions for the treatment of skin complaints by superficial X-ray therapy has resulted in a considerable increase in the number of patients referred for treatment.

#### DISTRICT MIDWIFERY SERVICES

261. Apart from the hospital midwifery services, the Department maintains maternity home and domiciliary midwifery services throughout the Colony. Forty-nine midwives, an increase of five over the previous year's figure, were employed at twenty-one district centres; fourteen of these centres have maternity homes attached, providing a total of 133 maternity beds. The great majority of these beds are in the New Territories since the policy in the more crowded urban districts has been to use the maternity facilities available in general or specialized hospitals. The remaining eight centres have resident midwives doing domiciliary deliveries. One new centre was opened during the year, on Peng Chau Island (South). This centre has six maternity beds.

262. The total number of cases attending in 1958 was 13,740, of which 9,741 were maternity home patients and 3,999 domiciliary cases. Live births totalled 13,467, approximately 12.5% of all registered births;

158 still births were recorded giving a still birth rate of 11.73 per 1,000 births.

263. The average annual 'case load' for each midwife was 280, a slight rise on the previous year's figure of 267. The range of this case load is wide and varied from 53 for the midwife on Lamma Island to 773 at San Hui.

264. The frequency of ante-natal attendances continues to improve slowly. The average number of attendances per case was 3.31, but 21.32% of the mothers delivered had had no ante-natal care; this latter figure was 22.74% in 1957.

265. There are 1,439 midwives registered in the Colony but only 200 are in active private practice; 177 of these are employed in small maternity homes and 23 do domiciliary work only. Twice as many midwives practise in Kowloon as in Hong Kong.

266. Private midwives delivered 38,498 cases during the year, an average case load of 192. The number of live births was 38,199, which is over one third of all births registered in 1958. The figures for ante-natal attendances are almost identical with those recorded by Government District Midwives, the average attendances per case being 3.40%. The percentage of cases delivered without any ante-natal care was 16.94%.

267. Regular inspection and supervision of private maternity homes is carried out by the Supervisor of Midwives; 719 visits to the 129 homes on the register were made during the year. Particular attention is paid to the hygiene of the premises, to maternity equipment and to records.

268. A very encouraging increase was recorded in the number of B.C.G. vaccinations given to infants within a few days of birth. This anti-tuberculosis measure is being increasingly advocated and has been again successfully pursued this year; 45% of the babies delivered by midwives in 1958 received B.C.G. vaccination. Of the 23,257 vaccinations recorded, 79.52% were carried out by Government midwives and the remainder by midwives in private practice. Vaccine is provided free of charge to all medical practitioners and midwives in the Colony.

269. The vaccination of infants against smallpox also continued to be offered as a routine and 49,671 primary vaccinations were performed by midwives during 1958.



## MATERNAL AND CHILD HEALTH

270. This Service provides, for the general public, ante-natal and post-natal care and infant welfare and 'toddler' care up to school age. The main emphasis is on preventive medicine and health education. The Service operates from 7 full-time and 21 part-time centres.

271. Existing services have been developed and expanded during the year and a new full-time centre was opened in May 1958 at the Central District Clinic; a part-time centre has also been established at the clinic on Peng Chau Island. 37 ante-natal sessions are now held weekly, as against 34 in 1957. Post-natal sessions have also been increased from 14 to 15 each week. 77 infant and child health clinic sessions are conducted each week and a total of 303,031 attendances was recorded for 1958.

272. The immunization of children against infectious disease is an important part of the preventive work of Maternal and Child Health Clinics. The majority of infants now attending these clinics have already received B.C.G. vaccine without preliminary tuberculin testing, but much time is given to seeking out and testing those who have not been vaccinated; 8,270 children were tested and 6,975 negative reactors vaccinated in 1958.

273. Immunization against diphtheria was offered throughout the year; for infants between three and six months of age, a combined vaccine against diphtheria, whooping cough and tetanus is used; in later months diphtheria toxoid alone is employed. 29,926 immunizations were recorded.

274. Dietary supplements were provided to both mothers and children by means of milk powder and vitamin capsules supplied by U.N.I.C.E.F. and canned protein foods, meat and liver from C.A.R.E. Other forms of milk powder, protein food and vitamins are also supplied by Government for distribution in these clinics.

275. Health education forms a major part of the work of this service, particularly by means of home visits by Health Visitors. The increased staff of Health Visitors made it possible to extend this service.

276. Liaison and co-operation with the Registrar of Births and Deaths has resulted in the notification to the Maternal and Child Health Staff of the names and addresses of all new births registered; as a result, 37,846 visits were made to individual homes in 1958.

277. The following table summarizes the figures for the main activities of the Maternal and Child Health Service in 1956, 1957 and 1958.

TABLE 22

MATERNAL AND CHILD HEALTH WORK

<i>Staff:</i>						1956	1957	1958
Medical Officers	...	...	...	...	...	8	9	9
Health Sisters	...	...	...	...	...	4	4	3
Health Visitors	...	...	...	...	...	14	21	27
Health Nurses	...	...	...	...	...	23	27	26
<i>Clinics:</i>								
No. of full time centres	...	...	...	...	...	5	6	7
No. of part time centres	...	...	...	...	...	14	20	21
Ante-natal clinics (excluding Hospital Clinics)								
Total attendances	...	...	...	...	...	41,521	52,714	63,439
New attendances	...	...	...	...	...	11,699	15,447	18,257
Post-natal clinics (excluding Hospital Clinics)								
Total attendances	...	...	...	...	...	3,653	4,817	5,632
New attendances	...	...	...	...	...	2,925	3,575	4,002
Child Health Clinics								
Total attendances	...	...	...	...	...	241,591	246,013	303,031
New attendances	...	...	...	...	...	18,930	23,333	28,861
Health Education								
Home visits	...	...	...	...	...	25,225	38,638	37,846
Total attendances at talks, discussions, demonstrations, etc.	...	...	...	...	...	309,024	274,085	354,550
No. of cases referred to Family Planning Clinics						3,520	4,604	4,539

SCHOOL HEALTH

278. There was little alteration in the scope of this service during the year and no new schools were admitted. One additional clinic was opened in the new North Point Housing Estate where six morning sessions are held each week. The number of participants in the service dropped to 28,088 pupils and teachers in 354 schools distributed as shown in the following table:

TABLE 23

<i>Status of School</i>					<i>No. of Schools</i>	<i>No. of Participants</i>
Government	...	...	...	...	44	18,634
Subsidized	...	...	...	...	80	5,531
Private and Grant-in-Aid	...	...	...	...	230	3,923

279. With the decreased numbers of participants the number of routine medical inspections carried out was less than in the previous



year. The number of clinic attendances also decreased except for attendances at the Ophthalmic Clinics. The tables following give the figures for this aspect of school health work:

TABLE 24

MEDICAL INSPECTIONS OF PUPILS, 1958

New Entrants (existing Government schools only) ...	...	4,395
Re-inspections ...	...	32,926
Periodical Inspections ...	...	8,074
Total ...	...	<u>45,395</u>

TABLE 25

ATTENDANCES AT SCHOOL CLINICS, 1958

<i>Attendances</i>	<i>General Clinics</i>	<i>Dental Clinics</i>	<i>Ophthalmic Clinics</i>	<i>E.N.T. Clinics</i>
New cases ...	48,148	2,273	2,179	902
Revisits ...	17,542	33,249	1,722	1,282
Total ...	<u>65,690</u>	<u>35,522</u>	<u>3,901</u>	<u>2,184</u>

280. 219 children were referred to special clinics for specialist diagnosis and treatment; 55 general medical and surgical cases were admitted to Government hospitals and, in addition, 217 children were admitted for ear, nose and throat operations; 2,752 pairs of spectacles were prescribed and made by the Ophthalmic Service during the year.

281. Apart from a medical service to participants, the School Health Service undertakes certain general health services for schools. Prophylactic immunizations are available for all school children against smallpox, typhoid fever, diphtheria, and tuberculosis and the following were carried out amongst pupils and school staff in 1958:

TABLE 26

Anti-smallpox vaccination ...	...	6,567
Anti-typhoid		
1st dose ...	...	36,445
2nd dose ...	...	33,045
Booster dose ...	...	9,427
Anti-diphtheria		
1st dose ...	...	42,289
2nd dose ...	...	38,753
Booster dose ...	...	8,121
Anti-tuberculosis		
Tuberculin Testing ...	...	18,500
Tuberculin Positive ...	...	15,969
Tuberculin Negative ...	...	1,955
Vaccinated with B.C.G. ...	...	1,944

282. Three Health Inspectors carried out 1,569 sanitary inspections of school premises during the year; these included 320 premises for which applications to open new day or night schools were made.

283. Health education of the child is an important aspect of school health work. The key worker in this field is the Health Visitor, who is specially trained to teach and advise on health matters. The aim for the school child is the promotion of good health habits on both a personal and community basis. Simple talks to arouse interest in hygiene were given throughout the year, in school clinic waiting rooms, by Health Visitors and School Health Nurses. School doctors undertake systematic lectures and demonstrations in Health Education to teachers in the Grantham Training College, while a Health Sister is seconded full time for similar work in the Northcote Training College.

#### INDUSTRIAL HEALTH

284. The health of workers in factories and other industrial undertakings is the statutory responsibility of the Commissioner of Labour, whose Industrial Health Section is staffed by the Medical Department and consists of an Industrial Health Officer, an Assistant Industrial Health Officer, two Health Visitors and a Technical Assistant. The work of the section falls into three main divisions; the prevention of occupational diseases, the improvement of medical and first-aid facilities in factories, and the follow-up of industrial accident cases.

285. The most serious diseases met with in industry are silicosis and lead poisoning and measures for the control of silicosis are under active consideration by a working party. Cases of lead poisoning are fortunately few. Dermatitis occurs in a large number of local industries. Strict precautions are taken to avoid the possibility of injury from radiation in trades where X-rays or radioactive substances are used and, so far, no signs of ill-health due to this cause have been detected.

286. First-aid classes, especially for factory workers, are organized from time to time and advice is given on first aid and medical equipment in factories. The victims of industrial accidents are followed up and every effort is made to ensure that they receive the treatment necessary, together with rehabilitation where necessary and possible.

#### HEALTH EDUCATION

287. This continued to take an important place in the work of all divisions of the Medical and Health Department.



288. The Maternal and Child Health Centres have continued to expand active Health Education programmes with the help of the 27 Health Visitors on the staff. The School Health Service, the Tuberculosis Service and the Social Hygiene Service also carry out considerable health teaching in their own fields of work.

289. The anti-epidemic immunization campaigns against smallpox, typhoid fever and diphtheria, which were carried out at appropriate seasons during the year, showed that good results followed propaganda from loud-speaker motor vans to which mobile vaccinating teams were attached. The distribution of handbills by Health Inspectors of the Urban Services Department during their routine house inspections was also a part of the campaign.

290. The series of talks on general health topics by a radio doctor which began in October 1957 continued throughout the year. These were broadcast over the Chinese networks of Radio Hong Kong at known favoured listening times and continue to prove useful and acceptable.

#### IV. THE WORK OF THE MEDICAL DIVISION

##### HOSPITALS

291. The outstanding event of the year was the laying of the foundation stone of the new Kowloon Hospital on 7th March 1959, by His Royal Highness the Prince Philip, Duke of Edinburgh. By gracious consent of Her Majesty the Queen this hospital has been named the Queen Elizabeth Hospital. It will accommodate 1,320 beds in 52 wards and will provide the full range of specialist services.

292. By the end of March 1959 piling had been completed for the Nurses' Home and Training School and structural work had started. It is anticipated that the Nurses' Home and Training School will be completed by July 1960 and that the Hospital will be ready for occupation during the latter half of 1962.

293. The Hong Kong Jockey Club has undertaken to finance a Radiological Institute which will be an integral part of the Queen Elizabeth Hospital and which will contain the most modern equipment for radio-therapy, including two linear accelerators.

294. Apart from Government institutions, two important new hospital projects were initiated early in 1959. One is the new Lutheran Mission Hospital of 52 beds at Fan Ling; the other is a children's hospital of 24 beds attached to the Christian Children's Fund orphanage at Wu Kwai Sha. The Fan Ling Hospital is being built and equipped by the Hong Kong Jockey Club and will be staffed and maintained by the Lutheran World Federation. The Hospital at Wu Kwai Sha has been made possible by generous donations given anonymously by friends of the Orphanage in the United States of America.

295. There are 12 hospitals maintained wholly by Government. 10 other hospitals run by voluntary agencies and medical missions receive substantial recurrent subventions from public funds. In addition there are 9 private hospitals and 133 nursing and maternity homes registered under the Nursing and Maternity Homes Registration Ordinance (Chapter 165).

296. Details of these hospitals are at Appendix 7. An analysis of the diseases treated at Government and Government-assisted hospitals is at Appendix 8 and totals of in-patients treated are at Appendix 9. The classification of disease follows the International Standard Classification using the International List of 150 Causes.

297. The twelve Government hospitals provide a total of 2,178 beds, the Government-assisted hospitals a total of 3,593 beds, and private hospitals 1,106 beds. In addition, various Government Dispensaries provide a further 124 beds, mainly in the New Territories and practically all for maternity cases. There are 579 maternity beds in private maternity homes and nursing homes. There is therefore in the Colony a total of 7,580 beds for all purposes including the mentally ill and those suffering from infectious diseases. Excluding the 1,765 beds set aside for tuberculosis, the 260 beds for the mentally ill and the 540 beds for the treatment of leprosy, there are 5,015 beds available for general use, including midwifery. For an estimated population of 2,750,000 this gives a ratio of one bed to each 548 of population for all general and maternity purposes and one bed to each 363 of population for all purposes.

298. An analysis of the bed state in the Government and Government-assisted hospitals is given below.



TABLE 27

## GOVERNMENT HOSPITALS

<i>Hospital</i>	<i>General</i>	<i>Maternity</i>	<i>Tuberculosis</i>	<i>Infectious Diseases</i>	<i>Venereal Diseases</i>	<i>Mental</i>	<i>Total</i>
Queen Mary .. ..	511	37	52	—	—	—	600
Kowloon .. ..	258	46	—	7	—	—	311
Lai Chi Kok .. ..	241	—	88	144	—	—	473
Mental .. ..	—	—	—	—	—	140	140
Castle Peak .. ..	—	—	—	—	—	120	120
Stanley Prison .. ..	44	—	20	18	—	—	82
Lai Chi Kok Prison ..	9	1	—	—	—	—	10
Social Hygiene, Wan Chai	—	—	—	—	30	—	30
Sai Ying Pun .. ..	—	—	—	88	—	—	88
St. John Hospital, Cheung Chau .. ..	38	15	42	5	—	—	100
Tsan Yuk .. ..	—	200	—	—	—	—	200
Eastern Maternity .. ..	—	24	—	—	—	—	24
Total .. ..	1,101	323	202	262	30	260	2,178

TABLE 28

## GOVERNMENT-ASSISTED HOSPITALS

<i>Hospital</i>	<i>General</i>	<i>Maternity</i>	<i>Tuberculosis</i>	<i>Leprosy</i>	<i>Total</i>
*Tung Wah .. ..	386	34	217	—	637
Tung Wah Eastern .. ..	229	42	49	—	320
†Kwong Wah .. ..	439	160	60	—	659
Pok Oi (Yuen Long) .. ..	40	10	—	—	50
Alice Ho Miu Ling Nethersole	176	82	12	—	270
Ruttonjee Sanatorium .. ..	—	—	230	—	230
Freni Memorial Convalescent Home .. ..	—	—	106	—	106
Grantham .. ..	—	—	540	—	540
Hei Ling Chau Leprosarium ..	50	—	15	540	605
Haven of Hope Sanatorium ..	—	—	122	—	122
Sandy Bay Convalescent Home	54	—	—	—	54
Total .. ..	1,374	328	1,351	540	3,593

\* 86 tuberculosis beds in Infirmary, Sandy Bay are included.

† 125 beds (i.e. 40 medical and 85 surgical) in Infirmary at Kwong Wah Hospital are included.

*Queen Mary Hospital*

299. Containing 600 beds this is the largest Government Hospital in the Colony and the Teaching Hospital for the University of Hong Kong Medical School. Its function is that of an acute hospital which is also the main specialist centre for the Colony. The University clinical units of Surgery, Medicine and Paediatrics and Gynaecology

provide the medical staff and clinical care for 251 beds; the major Government clinical units of medicine, surgery and radiology have at their disposal 180 beds staffed by Government Specialists. A limited number of beds is available for orthopaedic surgery, chest surgery, neurosurgery, ophthalmology, radiotherapy, midwifery and otorhinolaryngology. Physiotherapy and occupational therapy units are also established in the main building. The administration of the hospital is the responsibility of a Medical Superintendent of Senior Medical Officer rank and nursing care is provided entirely by the Government Nursing Service. The Queen Mary Hospital is the main Government centre for the training of nurses and contains the Government Nurses' Preliminary Training School.

300. The number of in-patients treated rose from 13,725 to 14,969, an increase of 1,244, mainly accounted for by admissions to general wards.

301. There is no out-patient department at the hospital and admissions are made through the Government out-patient clinics on Hong Kong Island. The Casualty Department is, however, the only casualty centre for the whole of the Island, and traumatic and other emergency cases are admitted direct to the wards from Casualty. A fracture clinic, under the supervision of the University Consultant in orthopaedics continues to provide an extremely valuable special service which has reduced considerably admissions to the limited number of beds available for traumatic cases.

302. The neurosurgical unit formed in 1956 maintained its high standard in the treatment of acute head injuries. As a result there has been a significant decrease in the number of deaths from this cause.

303. Specialist clinics are maintained for peptic ulcer, thyroid and cardio-respiratory cases. The cardio-respiratory clinic is supported by the Lewis Laboratory and the Cardio-Respiratory Committee, which is composed of physicians, surgeons, radiologists and anaesthetists, met regularly throughout the year. Out-patient clinics are held twice weekly at the Violet Peel Polyclinic in Wan Chai by the Government Specialist staff of the Hospital.

304. During the year Government approved in principle extensions to the Queen Mary Hospital which will increase the bed accommodation to 800. At the same time urgently needed additional accommodation for the teaching of medical students, for radiology and radio-therapy, physiotherapy, occupational therapy and central sterilization will be



provided. The additional accommodation for beds will allow of a re-allocation of wards to ensure that there is adequate provision for paediatric cases.

### *Kowloon Hospital*

305. This is the only large acute hospital serving Kowloon and the New Territories and the total complement of 311 beds is quite insufficient to meet the needs of the rapidly expanding population. During the year work was begun on the working drawings for an additional 36-bed maternity ward and a new theatre and ward block with 60 additional surgical beds. Some relief has been afforded by the extended use of the Lai Chi Kok Hospital as a convalescent unit.

306. As on Hong Kong Island, Kowloon Hospital is the main casualty centre which accepts traumatic cases and the acute surgical emergencies. In addition there is a large and very busy out-patient department adjacent to the Hospital.

307. General medical, surgical, orthopaedic and obstetrical and gynaecological services are provided and staffed by doctors who are specialists or have specialist qualifications. Radiodiagnostic, clinical pathology and physiotherapy services are provided for both in-patients and out-patients.

308. This is undoubtedly the busiest hospital in the Colony. There were 13,918 admissions during the year, an increase of 3,458 admissions over 1957. The total of new cases treated at the out-patient clinics was 283,309 and total attendances amounted to 558,010.

### *Lai Chi Kok Hospital*

309. Formerly a prison camp in two sections and at two levels, these buildings have been converted to hospital use. The upper hospital of 180 beds is used entirely as a convalescent unit for both the Queen Mary and Kowloon Hospitals. The lower section of 293 beds and cots has accommodation for 144 cases of infectious disease while 88 beds are reserved for tuberculosis and 61 beds for convalescent cases from Kowloon Hospital. There is an occupational therapist on the staff and a physiotherapy service is also provided on a full-time basis. The Red Cross School, maintained for children from all sections of the hospital, is doing very valuable work amongst long-term child patients, particularly those receiving orthopaedic treatment for tubercular disease. The school has its own Boy Scout Troop, which meets in the children's ward in the lower hospital.

310. A total of 1,892 cases was admitted during the year, of which 1,381 were suffering from infectious disease, 313 from tuberculosis and 198 from conditions other than infectious disease. The distribution of beds for the receipt of convalescent cases from the two acute hospitals is:

	<i>Surgical</i>	<i>Medical</i>	<i>Orthopaedic</i>	<i>Gynaecological</i>
Queen Mary Hospital (63) ..	19	6	38	—
Kowloon Hospital (173) ..	85	33	41	14

311. The intake of cases of diphtheria again threw a great strain on the Infectious Diseases portion of the Hospital. Eight hundred and fifty-three cases were treated, of whom more than half were found to have laryngeal involvement and of these 284 required tracheotomy. The mortality was 11.1%. Typhoid fever accounted for 137 cases with a case mortality of 0.7%, the lowest on record. Broncho-pneumonia following measles accounted for a mortality of 35.3% in 167 cases of measles admitted with complications. Delay in attending for treatment accounted for the majority of the deaths, as the children were often moribund on admission. There were 54 cases of tetanus with a mortality rate of 55.6%. Tubercular meningitis, meningococcal meningitis, encephalitis, bacillary and amoebic dysentery accounted for the remainder of the cases. Poliomyelitis gave rise to concern with a sudden increase of 122 cases admitted compared with 18 in the previous year. Cases with bulbar involvement accounted for a 15.6% mortality.

312. Cases of pulmonary tuberculosis under treatment, including those remaining in hospital from the previous year, totalled 489. Only minor surgical procedures were carried out in Lai Chi Kok as collapse therapy has now been discarded and radical surgery is carried out elsewhere.

#### *Tsan Yuk Maternity Hospital*

313. This is the main specialist maternity hospital in the Colony and is maintained by Government. The Professor of Obstetrics and Gynaecology of the University undertakes responsibility for the clinical work in the wards assisted by medical staff of the University unit and certain Government Medical Officers. This is also the obstetric teaching hospital for medical students and the main training centre for midwives. The Medical Superintendent, resident House Officers and the nursing and administrative staff are provided by Government. The Professor, three Lecturers, one Assistant Lecturer and three Clinical Assistants constitute the Hong Kong University staff.



314. There is a total of 200 beds and there were 10,320 admissions during the year. At the out-patients' clinics 43,625 attendances were recorded, of which 12,167 were new cases. There were 7,866 live births, 124 still births and 118 neo-natal deaths in the hospital; 7.38% of the total births in the Colony took place in Tsan Yuk.

315. Of the 8,918 maternity cases admitted 96.94% were booked cases. The still birth rate was 1.57% and the neo-natal death rate 1.5%. The maternal mortality rate was 0.9 per 1,000 live and still births.

316. Ante-natal, post-natal and baby clinics are held throughout the year; in addition there are specialist clinics for medical conditions complicating pregnancy, a social hygiene clinic for venereal diseases and a Family Planning Clinic, all three of which are held either once or twice weekly.

317. In the hospital laboratory 31,763 routine examinations were carried out, of which 8,638 were for blood grouping. In addition there is a research laboratory, staffed by the University, which is carrying out research into the blood group factor in still births and cases of hydramnios, protein levels in pregnancy, blood groups in twin pregnancies and serum bilirubin levels in antepartum and, especially, accidental haemorrhage.

318. The radiodiagnostic section undertook 12,474 X-ray examinations, of which 10,457 were chest X-rays and 1,067 for pelvimetry.

319. Forty-four medical students in groups of four or five underwent five weeks training in obstetrics; forty new student midwives entered the course of training during the year and twenty-six student midwives from the hospital passed the Midwives Board's Examinations.

320. Owing to the limited number of beds, uncomplicated multi-gravida deliveries remained in hospital for only three to four days; however primigravidae with normal deliveries remain for seven days.

### *Mental Hospital*

321. A new Mental Hospital is being built near Castle Peak in the New Territories. So far two wards with common rooms and ancillary annexes have been completed, providing accommodation for sixty men and sixty women. A further block of 120 beds will become available at the end of 1959; thereafter the extension of the hospital will proceed until the total complement of 1,000 beds has been provided; this is expected to take place towards the end of 1960.

322. In the meantime the Mental Hospital in Hong Kong is housed in two very old and unsuitable buildings situated in a densely populated part of the City. It was originally designed to accommodate 140 patients but the daily average bed occupancy during the year was 232.98 males and 191.93 females.

323. The Mental Hospital service, which is under the direction of the Psychiatric Specialist, has a staff of four Medical Officers one of whom is a Woman Medical Officer. Despite the unfavourable conditions, unavoidable in overcrowded wards in old buildings, the most modern treatment is available within the Hospital. In addition, out-patient sessions are held regularly and have proved to be not only popular, but also successful in limiting the number of admissions to the wards. Admissions during the year totalled 1,307 of which 407 were re-admissions. 1,071 patients were discharged and there were 37 deaths.

#### *Infectious Diseases Hospitals*

324. Mention has been made earlier of the infectious diseases portion of the Lai Chi Kok Hospital in Kowloon. On Hong Kong Island there is the Sai Ying Pun Hospital, which is one of the remaining parts of the old Government Civil Hospital and has a nominal bed strength of 88 beds. Although the number of patients treated in the Hospital is considerably in excess of the accommodation planned, the results compared very favourably with those achieved under optimum conditions elsewhere. The Medical Officer in charge is part-time Lecturer in Infectious Diseases at the University and gives clinical instruction within the Hospital to medical students on the diagnosis and treatment of infectious diseases.

325. The most common diseases under treatment during the year were diphtheria, typhoid fever, bacillary dysentery and measles and there were 1,617 admissions with 146 deaths. There was a marked increase in the number of admissions due to poliomyelitis and 87 cases were admitted as compared with 13 in the previous year. There were 134 cases of typhoid fever admitted with 2 deaths, a case mortality of 1.5%.

326. Associated with this Hospital is the Sai Ying Pun Out-patient Clinic which caters for the general out-patient needs in this densely populated section of the city. Under the direction of the Medical Officer in charge of the Hospital, this Clinic is one of the three busiest institutions in the Colony. It serves as the out-patient teaching centre for medical students who attend clinic sessions conducted by the heads of



the University Clinical Units. During the year the total attendances amounted to 232,760.

327. This very busy Clinic has transferred its quarters to the old Tsan Yuk Hospital pending the construction of the new nine-storey Polyclinic. This new building will provide, in addition to the general and specialized out-patient services, a Chest Clinic. The top two floors of the building will become the new Government Institute of Pathology, the present Institute being situated in an old building now far too small for the amount of work that has to be undertaken.

#### *St. John Hospital*

328. This Hospital on Cheung Chau Island is the property of the St. John Ambulance Association and Brigade but it is now staffed and maintained by Government. It serves not only the island population of 30,000 persons but also the neighbouring islands, which are visited periodically by launch from Cheung Chau. In the Hospital there are 58 general, maternity and children's beds and 42 beds for the accommodation of convalescent cases of pulmonary tuberculosis. There are, as yet, no facilities for major surgery on the Island and patients requiring such treatment are removed to the Queen Mary Hospital. There were 2,212 admissions during the year with 63 deaths. In the maternity section there were 587 deliveries. The total attendances at the Out-patient Department of the Hospital amounted 73,114.

#### *Prisons Hospitals*

329. At the Stanley male prison there is a hospital of 82 beds for the treatment of certain categories of illness. Patients requiring major surgery, or investigation and medical treatment of any specialized nature, are transferred temporarily to the custodial wards at the Queen Mary and Kowloon Hospitals. The majority of patients in the Stanley Prison Hospital are under treatment for tuberculosis or for the effects of drug addiction.

330. The treatment of drug addiction among convicted prisoners forms a major part of the work of the Prison Medical Officers and medical treatment is given in the prisons hospital wards during the period of withdrawal. Thereafter rehabilitation is effected through routine occupation in the prisons workshops. A specialized prison for the treatment and rehabilitation of convicted male drug addicts was opened at Tai Lam Chung during the latter part of the year. After treatment for withdrawal symptoms, given in the Victoria Remand

Prison, 1,752 prisoners were transferred to Tai Lam Chung where two special blocks have been converted to accommodate prisoners in need of further hospital care. There is a Medical Officer working full time at this prison.

331. At the Remand Prison in Victoria there is a small ward of eight beds for the treatment of acute illness. The duration of stay in the Remand Prison is necessarily short but there are a number of cases of acute illness, particularly amongst drug addicts, which have to be treated in this ward.

332. The female prison at Lai Chi Kok maintains a small hospital of ten beds under the supervision of the Medical Officer in charge of the Lai Chi Kok Hospital. Here, again, any case of major illness is transferred to the custodial ward in the Kowloon Hospital.

#### *Wan Chai Social Hygiene Hospital*

333. Reference has already been made to the work of this small 30-bed Hospital for the reception of women and children. Its main function is the in-patient treatment of venereal disease in women and children although, with modern treatment, this aspect of the work is becoming less important. On the other hand, cases of acute skin disease are now admitted more frequently and it is tending to become more and more a centre for the treatment of such cases.

334. There is a busy out-patient department for the treatment of women with venereal disease and a large number of examinations of known contacts are carried out every year.

### GOVERNMENT ASSISTED HOSPITALS

#### *Tung Wah Group of Hospitals*

335. There are three major hospitals maintained by the Board of Directors of the Tung Wah Hospitals. The Tung Wah Hospital of 637 beds and the Tung Wah Eastern Hospital of 320 beds are situated on Hong Kong Island; the Kwong Wah Hospital of 659 beds is in Kowloon.

336. Established in 1870, the Tung Wah is a charitable organization which provides primary school, medical and other welfare services to the poor. The Board of Directors, elected annually, raises large sums of money for charity, a considerable part of which is devoted to the maintenance of its Hospitals. The scope of the hospital service is such that Government makes a large annual subvention towards the work of these hospitals, which are under the general direction of the Tung Wah



Hospitals Medical Committee. This Committee, under the Chairmanship of the Director of Medical and Health Services, consists of the Chairman and Principal Directors of the Tung Wah, two members of the Tung Wah Hospitals Advisory Board, the Medical Superintendents of the three Hospitals and the Deputy Financial Secretary (Finance). The Medical Superintendents of the three hospitals are Government Medical Officers on secondment.

337. All three hospitals maintain large and very busy out-patient departments but they do not normally accept casualties, which go to the Casualty Departments of the Queen Mary and Kowloon Hospitals.

338. The general medical and surgical wards of the Tung Wah Hospitals provide much needed accommodation for those suffering from chronic ailments requiring prolonged hospital treatment. There are in addition two Infirmaries, one of 125 beds and one of 86 beds, for those suffering from incurable diseases.

339. At the Tung Wah Hospital in Victoria, the new Hawkins and Yeo Wings were opened on 12th March, 1958. The Hawkins Wing, named after Mr. B. C. K. Hawkins, C.M.G., O.B.E., formerly Secretary for Chinese Affairs, contains quarters for the Medical and Nursing Staff. The Yeo Wing, named after Dr. K. C. Yeo, C.M.G., formerly Director of Medical and Health Services, has accommodation for 200 beds, the Nurses' Training School, and certain administrative offices. These extensions have materially improved facilities at this very busy hospital.

340. The free maternity service provided by the three Tung Wah Hospitals recorded 32,493 births which is, approximately, one-third of the total births registered during the year.

341. Consultant services are provided mainly by specialists in private practice whose services are given voluntarily; certain Government specialists also act as consultants to hospitals within the Tung Wah Group.

342. The major part that the Tung Wah Hospitals play in the work of the Colony medical service is indicated by the following table :

TABLE 29

<i>Hospital</i>				<i>Bed</i>	<i>Total in-patient</i>	<i>Total out-patient attendances</i>
Kwong Wah	...	...	...	659	43,401	244,791
Tung Wah	...	...	...	637	12,363	125,034
Tung Wah Eastern	...	...	...	320	8,830	173,981
Total	...	...	...	1,616	64,594	543,806

343. The Kwong Wah Hospital Redevelopment Scheme is now well under way and the new Out-patient Department built during the first phase was opened in March 1959 by the Secretary for Chinese Affairs, Mr. J. C. McDouall. The second phase, which includes the building of the Nurses' Training School and Nurses' Hostel, is expected to be completed early in 1960. The full redevelopment is expected to take five years and when completed will result in a modern hospital of 1,238 beds.

*The Alice Ho Miu Ling Nethersole Hospital*

344. This hospital operated by the London Missionary Society offers general medical, surgical and maternity care. There are 270 beds including a modern maternity section of 70 beds. There is also a large out-patient department. The hospital caters for all classes of patients but the major part of the work is amongst the poor. Again this valuable contribution towards the Colony's medical service is supported by a substantial subvention from Government funds. During the year 7,248 in-patients were treated and there were 71,358 out-patient attendances.

*The Pok Oi Hospital*

345. This hospital of 50 beds, situated near Yuen Long in the New Territories, is a charitable hospital in the Chinese tradition. It is maintained by a Board of Directors and is largely supported by charitable donations augmented by an annual Government subvention. Originally, hospital treatment was mainly by traditional Chinese herbal methods but these have now largely given way to treatment by western medicine. Two Government Medical Officers are seconded to this hospital to augment the medical staff.

346. The Directors have in hand plans to build a new section of the hospital giving accommodation for an additional sixty patients, and Government has agreed to make a capital grant towards the cost of this extension.

347. There were 2,763 in-patients admitted to the hospital during 1958 and 69,281 out-patient attendances were recorded.

*Hei Ling Chau Leprosarium*

348. The Leprosarium, which is maintained by the Mission to Lepers Hong Kong Auxiliary, has accommodation for 540 cases of leprosy; it is situated on the former Nun Island now renamed Hei Ling Chau, which may be translated 'Island of Happy Healing.'



349. In November 1958 His Excellency the Governor opened the new wing of the Maxwell Memorial Hospital which now contains 50 beds for the medical and surgical care of leprosy patients in need of hospital treatment. The additional accommodation has made it possible to carry out, on an increasing scale, a programme of re-constructive surgery for the correction of disabilities and deformities due to leprosy. During the year 150 re-constructive operations were carried out in the Hospital.

350. The Hei Ling Chau community is largely a self-contained one engaged mainly in agriculture and pig farming. The patients themselves, who live in hostels, carry out a large part of the work including maintenance, domestic and hospital duties. There are also workshops for the teaching of trades which form part of the rehabilitation programme. An orthopaedic workshop was opened during the year for the making of shoes and other appliances for patients. The children under treatment attend a primary school on the island and there are large and active troops of Boy Scouts and Girl Guides.

351. There is close liaison between Hei Ling Chau and the Government Social Hygiene Service which undertakes the out-patient treatment of leprosy patients living in the urban areas and the New Territories. Cases in need of institutional care are referred to Hei Ling Chau by the staff of the Social Hygiene Service and 111 such admissions were arranged during 1958.

### *Hospitals for Tuberculosis*

352. Mention has been made earlier in this report of the work of the Grantham and Ruttonjee Hospitals and the Freni Memorial Convalescent Home maintained by the Hong Kong Anti-Tuberculosis Association.

353. The Haven of Hope Sanatorium run by the Church World Service on a site above Junk Bay has accommodation for 122 cases of tuberculosis. Patients are admitted for medical treatment through various Medical Missionary organizations; the surgical treatment of selected cases is carried out at the Alice Ho Miu Ling Nethersole Hospital. The staff of the Sanatorium maintains an out-patient tuberculosis clinic for the nearby community of Rennie's Mill Camp Government subsidizes the free treatment of cases of tuberculosis from nearby villages who are admitted to the Sanatorium.

354. A school is maintained at the Sanatorium by the Hong Kong Branch of the British Red Cross Society for the primary education of child patients.

#### OUT-PATIENT SERVICES

355. At Appendices 10, 11, 12 and 13 are records of the attendances at the out-patient departments of various hospitals, both Government and Government-assisted, and at clinics, Health Centres and Public Dispensaries throughout the Colony. There is a total of fifty-six units at which these services are available to the general public. In addition there are two travelling dispensaries, operating from Tai Po and Yuen Long respectively, which serve the more isolated areas of the New Territories that can be reached by road.

356. Regular specialist out-patient clinics for tuberculosis, ophthalmology, social hygiene and maternal and child health are held at a number of these out-patient centres.

357. Owing to the very large volume of work to be undertaken it is necessary to hold a number of night clinics at seven centres. Held from 6 p.m. to midnight these night sessions are attended to capacity and have proved a welcome and significant augmentation of services strained to the utmost during the hours of daylight.

358. New developments during the year in the rural areas have included the provision of a clinic and maternity home on Peng Chau Island (South). The construction of the buildings was sponsored as a joint effect by the Hong Kong Junior Chamber of Commerce and the Peng Chau Rural Committee. The Clinic was opened by His Excellency the Governor on August 28th and was then handed over to Government, which has accepted responsibility for the staffing and maintenance of the institution.

359. A most notable development was the inauguration, in May, of a floating clinic service for the benefit of remote villages along the eastern seaboard of the New Territories. The m.v. 'Chee Hong', presented by the Hong Kong Jockey Club and carrying a doctor, nurse, inoculator and vaccinator, is now employed full-time on a regular schedule of visits to these areas. The service provided is greatly appreciated by the villagers.

360. Work having commenced on the site of the new Shek Pik Reservoir on Lantau Island, a Medical Post, in charge of a Senior Male Charge Nurse, has been established in the area to care for the medical needs of the labour force and of the inhabitants of nearby villages.



Arrangements have been made for a helicopter to be available to evacuate casualties or medical emergencies in urgent need of hospital treatment.

361. The new Tai O Clinic and Maternity Home, also a gift from the Hong Kong Jockey Club, was completed on March 31st, 1959. This large new institution, with a total of 12 maternity beds and 4 beds for medical emergencies also maintains general and specialized clinics. Tai O, which is on the farthest tip of Lantau Island, has thus had an old and inadequate Public Dispensary replaced by a modern unit which is designed to cope with the expected increase in the population of that area for some time to come.

362. As a result of the increased services provided, out-patient attendances at the various clinics in the rural areas increased by approximately 40,000 (or some 14%) during the year.

#### SPECIALIST SERVICES

##### *General*

363. There are Government Specialists in charge of clinical units of medicine, surgery, obstetrics and gynaecology, dentistry, neurosurgery, ophthalmology, orthopaedic surgery, otorhinolaryngology, pathology, psychiatry, radiotherapy, radiodiagnosis, social hygiene (which includes dermatology, leprosy and venereal diseases), thoracic surgery and tuberculosis. In addition the Professors and certain Senior Lecturers of University clinical units act as consultants in medicine, surgery, obstetrics and gynaecology, orthopaedics, pathology and paediatrics.

364. Certain of the Government Specialists act as Honorary Consultants to the Tung Wah Group of Hospitals in surgery, radiology, orthopaedics and otorhinolaryngology.

#### RADIOLOGICAL SERVICE

365. Under the direction of the Senior Specialist in Radiology, this service comprises three sections dealing with radiodiagnosis, radiotherapy and radiation physics. The headquarters of the Service are in the Queen Mary Hospital, where the radiotherapy is carried out and the physics workshop is situated. There are specialists in clinical charge of the radiodiagnostic and radiotherapeutic sections with a Physicist responsible for the physics and workshop section.

### *Radio-diagnostic Section*

366. The Radio-diagnostic Section provides a service in each of the following institutions :

#### *In Hong Kong :*

- (i) Queen Mary Hospital (including radio-diagnostic work for the Mental and Sai Ying Pun Hospitals and the Government clinics and dispensaries on the Island).
- (ii) Tsan Yuk Hospital,
- (iii) Wan Chai Chest Clinic,
- (iv) Medical Examining Board;

#### *In Kowloon :*

- (i) Kowloon Hospital (providing also the radio-diagnostic service for institutions and clinics without these facilities),
- (ii) Kowloon Chest Clinic,
- (iii) Shek Kip Mei Chest Clinic,
- (iv) Lai Chi Kok Hospital.

367. There is also a Mass Miniature Radiography Unit which operates as required throughout the Colony. In addition, consultant services are supplied to the Tung Wah and Tung Wah Eastern Hospitals.

368. An X-ray section for the Kowloon Hospital Casualty Department was established during the year by the conversion of accommodation formerly used as a medical store. This fulfilled a long-felt need and has greatly eased the strain on the X-ray Department of the Hospital.

369. The quantity of work undertaken continues to increase and altogether 289,325 investigations were carried out as compared with 265,814 during the previous year. Three image intensifiers were installed. These are expected to reduce considerably the amount of radiation received by patients during screening.

### *Radio-therapeutic Section*

370. Facilities are provided for deep radio-therapy, superficial and contact radiotherapy, radium and radioisotope treatment, including tracer studies. The deep radiotherapy equipment consists of one 400 KV Maximar deep therapy machine, one 250 KV Maxitron deep therapy machine and one telecobalt unit of 60 curies.

371. The addition to the treatment potential made during 1957 has been reflected in the considerable increase in the number of patients receiving therapy and a total of 1,034 patients were so treated during 1958 as against 342 in 1957. There were 798 new patients of whom 248 were suffering from carcinoma of the naso-pharynx, and 133 from carcinoma of the uterine cervix. 26,617 treatments were given—an increase of 12,820 over the total for the previous year.



372. Out-patient clinics continue to be held five days each week and 7,500 attendances were recorded; of this total 402 were seen at the combined Radio-therapy—Gynaecology Follow-up Clinic run jointly with the University of Hong Kong Department of Obstetrics and Gynaecology. In addition to the normal routine of these clinics, 896 biopsies were performed.

#### *Physics and Work Shop Section*

373. As in previous years the physicists have played an essential part in the training of radiologists and radiographers, about which further comment is made later in this report. The physical aspects of treatment planning, the maintenance of the radio-protection service and advice and assistance to the Radiation Board and the Industrial Health Officer are also routine activities of this section.

374. In addition, the workshop undertakes the maintenance and repair of all Government radiological and physiotherapeutic equipment and numerous gadgets and pieces of apparatus for improving radiological techniques were made at very low cost. These functions effect very considerable savings to Government funds and in fact more than pay for the cost of the maintenance of this work shop.

#### OPHTHALMOLOGY

375. The two major eye clinics are situated at the Arran Street Eye Clinic in Kowloon and at the Violet Peel Polyclinic on Hong Kong Island; the optical workshop is at the Violet Peel Polyclinic. The Ophthalmic Specialist works at the Arran Street Clinic and during the year was assisted by seven Medical Officers and a total of thirteen nurses, three dressers, two almoners, one health visitor, four optical technicians, two dispensers and four clerks. Ophthalmic teams consisting of a doctor, two nurses and a clerk go out from the two main eye clinics five days each week to hold clinics at strategic points throughout the Colony. Four new clinics were opened during the year at the Central District Health Centre (Kau U Fong), Li Kee Memorial Dispensary (Kowloon City), Shau Kei Wan and Peng Chau (South). A fortnightly visit is paid to Peng Chau by the team which visits the neighbouring Cheung Chau. Twice-weekly sessions have been maintained in the other three new centres. There are now 13 centres including School Health Clinics, visited by the Ophthalmic teams, and 152 sessions are held at these centres each month.

376. There are ten hospital beds available for eye patients and 280 underwent major eye surgery in hospital. The greatest part of the

operative work is however carried out as 'office surgery' at the two major clinics. All told 3,751 operative procedures were carried out of which 1,012 were classified as major operations. The average duration of stay of each patient admitted to hospital was ten days.

377. A total of 127,370 attendances including 60,791 first attendances was recorded at the eye clinics. This total constituted a 22% increase over 1957. The Almoners carried out medical social investigations in approximately 12% of the new cases. During the last three months of the year the services of a Health Visitor were made available to the Ophthalmic Service and 642 cases of chronic eye disease were followed up in their homes.

378. 2,940 school children were examined for ophthalmic defects and 2,817 pairs of spectacles were made and issued from the optical workshop.

379. Two legislative measures introduced during the year were that ophthalmia neonatorum was made a notifiable disease and the amendment of Section 30 of the Medical Registration Ordinance 1957. A preliminary assessment of the notifications of ophthalmia neonatorum suggests that the incidence is twice as high as in the United Kingdom, a not unexpected finding in the light of the differing social conditions.

380. The Hong Kong Society for the Blind has played an active part in measures designed to prevent diseases of the eyes leading to blindness. In addition to the campaign against unscientific and dangerous methods of treatment of eye disease by unskilled persons, a voluntary agreement was negotiated with the leading manufacturers of tinned milk to fortify all the products sold in Hong Kong with vitamins A and D and, in certain cases, vitamin B1.

#### DENTAL SERVICE

381. There are two sections of the Dental Service, one providing a general dental service, mainly to civil servants and their dependants and the other a dental service to school children within the School Health Service. The Dental Specialist is responsible for both sections and is assisted by 21 Dental Officers, seven of whom work in the School Dental Service. There is one school Dental Nurse. The staff of Dental Officers was increased by two during the year.

382. Only one new dental clinic was opened during 1958 and this clinic, although within the Kowloon-Canton Railway Headquarters building in Kowloon, is attended by civil servants and their families



from all departments of Government. The dental clinics at the Tai Po Jockey Club Clinic and at the School Health Clinic in Tsuen Wan are now operating on a full time basis and not part-time as previously.

*General Dental Service*

383. Government has a contractual obligation to provide dental services to all monthly-paid Government servants and their families, now estimated to number some 100,000 persons. In addition a dental service is provided for in-patients in Government hospitals and for all prisoners in Her Majesty's Prisons. Emergency services, mainly extractions for the relief of pain, are also maintained twice weekly at the Sai Ying Pun Hospital and at Li Kee Memorial Dispensary, fortnightly at Tai Po and Yuen Long and monthly at Cheung Chau and at Tai O on Lantau.

384. Dental inspections preparatory to full courses of treatment were carried out on 7,164 Government servants and their families. 2,390 of these were being treated for the first time in Government clinics. The comparable figures for 1957 were 5,303 and 1,439. This greatly increased demand has far outstripped the facilities available with the result that, apart from emergency treatment, the average delay in starting routine inspections and treatment is eleven weeks. The shortage of dental technicians has resulted in an even greater delay in supplying prosthetic appliances which is now, on the average, over six months, again excluding emergencies.

385. There were 23,256 visits by Government servants to the clinics and 24,162 visits by dependants. The number of persons completing courses of treatment which rendered them dentally fit was as follows:

						1957	1958
Government Servants	...	...	...	...	...	2,474	3,174
Dependants	...	...	...	...	...	1,836	2,479

*School Dental Service*

386. There are six school dental clinics with a staff of seven Dental Officers and one fully trained Dental Nurse. As the number of participating children fell from 32,336 in 1957 to 28,094 in 1958, the ratio of fillings to extractions rose from 56:100 to 92:100. However the large number of extractions necessary—2,656 permanent teeth and 12,574 deciduous teeth—is an indication of the extent of the problem of dental care in Hong Kong where nine out of ten children of six years of age have already been attacked by dental caries. In this connexion, the plans for the fluoridation of domestic water supplied have been

approved and equipment is now on order. It is anticipated that routine fluoridation will start in the near future.

387. Three Dental Surgery Assistants were awarded W.H.O Fellowships for training as Dental Nurses after the New Zealand pattern. Two Fellowships were awarded for training in Wellington, New Zealand, starting in September 1958 and one was awarded for training in Penang, starting in January 1959. These students are expected to qualify and return to Hong Kong during 1960 and 1961 when they will take up appointments in the School Dental Service. The role of the Dental Nurse is to carry out minor operative work under the supervision of the Dental Officers and so lighten the burden of routine procedures. Dental Nurses also play an important part in the education of children, parents and teachers towards a better understanding and appreciation of the principles of dental health and preventive dentistry.

#### *Voluntary Dental Services*

388. Welfare organizations maintained a number of dental clinics either for their own members or for the poor in their respective districts. The Hong Kong Dental Society continued to staff four free evening clinics each week, three in Kowloon and one in Hong Kong together with a fortnightly clinic at the Ruttonjee Sanatorium. The St. John Ambulance Brigade sent a Penetration Squad, which included a dentist, each Sunday to the more remote areas of the New Territories where free treatment was given to those in need.

#### *Government Dental Scholarship Scheme*

389. This scheme was started in 1954 to ensure a supply of qualified dental surgeons for the Colony. Those who qualify as dentists under this scheme are required to work in the Government Dental Service for one or two years after their return. The first scholar to be assisted under this scheme returned in 1957.

390. In January 1959 four dental students went to the Dental School at the University of Adelaide and a further three began their studies at Melbourne in March 1959. At the end of the financial year there were, in all, 32 dental scholars studying overseas, eleven in the University of Malaya, eight in Adelaide and thirteen in Melbourne.

#### *Control of Dental Practice*

391. Two Dental Inspectors were employed throughout the year in connexion with the supervision and control of private dental practice. Premises used or proposed to be used by private dental practitioners



were inspected regularly. There were five prosecutions for alleged illegal dental practice and five persons were convicted of this offence.

#### GOVERNMENT INSTITUTE OF PATHOLOGY

392. The Institute is situated in Victoria on Hong Kong Island and is the headquarters of the clinical and public health laboratory service. At Kowloon Hospital there is a major branch of the Institute and small clinical laboratories are maintained at the Queen Mary, Tsan Yuk, Sai Ying Pun and Lai Chi Kok Hospitals. The service includes routine clinical pathology, public health bacteriology, histopathology, supervision of the Blood Banks and vaccine production. The medical staff also undertake the autopsies at the two public mortuaries in Victoria and Kowloon respectively.

393. The Government Pathologist is assisted by two Pathologists and two Assistant Medical Officers, one Chief Medical Technologist, one Senior Medical Technologist, three Medical Technologists, eighteen Medical Laboratory Technicians and twenty-five Student Medical Laboratory Technicians.

394. The new Institute of Pathology, which will be a part of the Sai Ying Pun Polyclinic now being built, is expected to be occupied towards the end of 1959. Meantime arrangements have been made with the University Department of Pathology to undertake all the routine clinical pathology in the Queen Mary Hospital as from the 1st of April 1959, thus releasing staff to deal with the ever-increasing routine work carried out at the Institute.

395. Specimens received for examination during the year numbered 438,542—an increase of 58,568 over 1957. The increase was spread over every section of the work but was most noticeable in the culture and sensitivity testing of *M. tuberculosis* and in histopathology.

396. The training of probationer Laboratory Assistants continued according to a syllabus which follows closely that for the Associateship of the Institute of Medical Laboratory Technology in the United Kingdom.

397. In addition, courses of lectures in Communicable Diseases and Bacteriology continue to be given by the staff of the Institute to Health Visitors, Health Inspectors and Student Nurses. Short courses of training in laboratory techniques were held for laboratory staff from the Government-assisted Hospitals and from the Government Veterinary Laboratory. A number of Male Nurses in the Government service also

underwent a three-month course of training in simple laboratory procedures; this course is part of the training necessary for promotion to the post of Male Charge Nurse.

398. One Pathologist attended a short W.H.O. course in Virus and Rickettsial Diseases in India and one Assistant Medical Officer and a Laboratory Technician went to Singapore to gain experience in poliovirus techniques in connexion with the administration of the Sabin oral vaccine. Four Laboratory Assistants are in the United Kingdom on courses of instruction leading to the A.I.M.L.T.

### *Vaccine Production*

399. Vaccine to the value of HK\$807,660 was manufactured during the year and for the most part the vaccines were issued free as a public health measure to clinics, hospitals and registered medical practitioners in the Colony.

400. The epidemic of cholera affecting neighbouring territories in South-East Asia called for a greatly increased production of cholera vaccine so that adequate reserves were available for every emergency. Over a period of six weeks the reserve stock of cholera vaccine was built up from 100,000 doses to one million doses.

401. The vaccines for human use manufactured during 1958 were:

Glycerinated calf lymph	...	...	...	...	36,460 ml.
Cholera vaccine	...	...	...	...	1,099,850 ml.
Typhoid-paratyphoid vaccine (Adult)	...	...	...	...	79,850 ml.
Typhoid-paratyphoid vaccine (Children)	...	...	...	...	71,600 ml.
Rabies vaccine (2%)	...	...	...	...	39,200 ml.
Rabies vaccine (4%)	...	...	...	...	22,000 ml.

### *The Public Mortuaries*

402. The new Kowloon Mortuary was completed and put into use in November, 1958. The accommodation includes two cold chambers with storage capacity for twenty adult bodies, one air-conditioned autopsy room containing twelve tables, an encoffining room, a viewing and identification room, one waiting room, an office and staff rooms. There is also special provision for the examination and refrigerated storage of rodent specimens sent in for plague control investigations.

403. At the Victoria Mortuary on Hong Kong Island the cold chamber and air-conditioning units have been overhauled and the premises re-decorated.



404. Table 30 below gives details of the autopsies undertaken during the year:

TABLE 30

						<i>Kowloon</i>	<i>Victoria</i>
Total Autopsies performed:	...	...	...	...	...	3,181	1,065
Male	...	...	...	...	...	2,007	677
Female	...	...	...	...	...	1,171	382
Sex unknown	...	...	...	...	...	3	6
Chinese race	...	...	...	...	...	3,170	1,050
Non-Chinese	...	...	...	...	...	11	15
Bodies identified	...	...	...	...	...	1,092	529
„ unidentified	...	...	...	...	...	2,089	536
Deaths from natural causes	...	...	...	...	...	2,801	799
Deaths from other than natural causes	...	...	...	...	...	380	266
Still births { male	...	...	...	...	...	11	12
{ female	...	...	...	...	...	10	8
Age groups Over 60	...	...	...	...	...	192	115
45—60	...	...	...	...	...	419	245
30—45	...	...	...	...	...	532	191
15—30	...	...	...	...	...	176	108
0—15 Age Group	...	...	...	...	...		
Under 1 month	...	...	...	...	...	674	75
„ 1 year	...	...	...	...	...	596	152
1—15 years	...	...	...	...	...	592	179
Homicide	...	...	...	...	...	13	12
Suicide	...	...	...	...	...	164	132
Accident	...	...	...	...	...	203	122

405. It is of interest to record the different patterns of suicide in Kowloon and Victoria.

						<i>Kowloon</i>	<i>Victoria</i>
Drowning	...	...	...	...	...	11	68
Hanging	...	...	...	...	...	59	29
Jumping from heights	...	...	...	...	...	33	28
Poisoning	...	...	...	...	...	55	7
Other means	...	...	...	...	...	6	Nil

406. In Kowloon 24 of the suicides by poisoning were caused by the taking of insecticides.

407. The following table gives details of the number of rodents examined for plague:

TABLE 31

						<i>Kowloon</i>	<i>Hong Kong</i>
Total number examined	...	...	...	...	...	120,399	143,018
Dissection and macroscopic examination	...	...	...	...	...	33,399	69,052
Complete bacteriological examination	...	...	...	...	...	83	122
Rats found infected	...	...	...	...	...	—	—

#### FORENSIC PATHOLOGY

408. The Forensic Laboratories are situated in the Police Headquarters building and the medico-legal work in connexion with crime

is carried out by the Senior Forensic Pathologist assisted by one Forensic Pathologist, both of whom are doctors seconded from the Medical and Health Department. There is one Assistant Chemist seconded by the Government Chemist to the Laboratory and four members of the Police Force, one of whom is a woman Police Constable, work with this unit.

409. The forensic work covers a wide field and includes (i) the examination of victims of violent and unnatural crimes and of suspects connected with these crimes (ii) calls to the scenes of crimes, particularly murders and sudden deaths (iii) attendance as expert witnesses at courts (iv) assistance with medico-legal autopsies carried out in Kowloon and on Hong Kong Island (v) the investigation of alleged irregular medical and dental practice by unregistered persons and of sellers of poisons and manufacturers of dangerous drugs.

410. In the Forensic Laboratory, in addition to the routine examinations carried out, new analytical methods have been investigated including the examination for plankton in cases of drowning, the detection of finger prints on paper and the spot-testing of seminal stains by chemical means.

411. All police recruits are blood grouped in the laboratory before they pass out of the Police Training School.

412. Lectures on the handling of exhibits and narcotics have been given by the Assistant Chemist to all Police Officers and to recruits in the Training School. The Senior Forensic Pathologist gives lectures on the medico-legal suspects of crime at Advanced Detective Training Courses at the Training School and is the Lecturer in Forensic Medicine to the fifth-year medical students at the Hong Kong University.

413. The following Table shows the work done during 1958:

TABLE 32

Examination of victims and suspects	...	...	...	531
Attendance at scenes of crimes	...	...	...	95
Attendance at Courts	...	...	...	82
Medico-Legal post-mortems	...	...	...	175
Medico-Legal examination of weapons	...	...	...	100
Examination of hairs, fibres and other slides	...	...	...	507
Examination of clothing	...	...	...	979
Miscellaneous examination (Articles)	...	...	...	549
Blood Grouping (Medico-Legal)	...	...	...	2,209
Blood Grouping (Police Officers)	...	...	...	567
Lectures to Police Officers including advanced course	...	...	...	48



*Assistance in Raids*

Breach of Pharmacy and Poisons Ordinance and Penicillin Ordinance	...	...	...	...	...	...	38
Unregistered Medical Practitioners	...	...	...	...	...	...	22
Abortionists	...	...	...	...	...	...	2
Dentists	...	...	...	...	...	...	5

GOVERNMENT CHEMIST'S LABORATORY

414. A wide range of chemical analytical and consulting work is undertaken in the Laboratory for Government, for the Armed Services and for commercial and industrial firms. The Government Chemist is assisted by three Chemists, four Assistant Chemists, two Assistant Biochemists, one Senior Laboratory Assistant and five Laboratory Assistants. One Assistant Chemist and one Laboratory Assistant are seconded to the Police and Labour Departments respectively. The total number of samples examined was 37,231, slightly less than the total of 37,738 in the previous year.

415. Regular chemical analyses of public water supplies were carried out and special studies of water and mud were undertaken for the Water Authority Engineers engaged in the investigation of additional water storage projects. Rain-water samples were submitted for analysis by the Royal Observatory at regular intervals in connexion with the International Geophysical Year.

416. Analyses done on behalf of the Police particularly in connexion with narcotics, again accounted for a major part of the year's work. The addition of barbitone and phenobarbitone to the schedule of Dangerous Drugs greatly complicated the analytical work necessary for the identification and certification of drugs controlled under the Dangerous Drugs Ordinance. Toxicological analyses, the great majority of which were connected with suicides, again featured largely in the work done for the Police. Phenols, cyanides, barbiturates and insecticides were the common poisons used.

417. The Commerce and Industry Department submitted 6,044 samples most of which were for assessment of duty. They included a number for investigation of adulteration or imitation of well-known brands of European spirits. Gold bars numbering 508 were received for examination and certification.

418. An increasing amount of work is being done for the Controller of Stores in assessing goods offered on contract and in checking specifications generally. Examinations were carried out for the Fire

Brigade in connexion with the storage of dangerous goods. Gas-free certificates for ships' bunkers were issued to the Dockyards and the Marine Department. The analysis of food samples submitted by the Urban Services Department continued throughout the year.

419. The number of biochemical samples examined increased considerably. They came mainly, as before, from the Government Hospitals and Clinics.

420. Table 33 indicates the categories of analyses performed during the year 1958.

TABLE 33

Water and waterworks chemicals	...	...	...	...	598
Food and Drugs	...	...	...	...	186
Forensic analyses	...	...	...	...	1,156
Commercial „	...	...	...	...	627
Miscellaneous, from Government Departments	...	...	...	...	1,641
Dangerous Drugs Ordinance, Dutiable Commodities Ordinance, Importation/Exportation (Prohibition) (Specified Articles) Order	...	...	...	...	16,163
Biochemical					
Blood	...	...	...	...	11,111
Cerebro-Spinal Fluid	...	...	...	...	2,022
Gastric Contents	...	...	...	...	3,238
Stool	...	...	...	...	35
Urine	...	...	...	...	249
Miscellaneous (Kidney and Gallbladder stones etc.)	...	...	...	...	205
Total	...	...	...	...	<u>37,231</u>

#### THE PHARMACEUTICAL SERVICE

421. The Chief Pharmacist is assisted by a staff of seven Pharmacists, seven Dispensary Supervisors and sixty-four Dispensers; in addition there were twenty-five Student Dispensers under training. The Central Medical Store is at North Point on Hong Kong Island. There is a branch store in Kowloon, which is the distribution centre for the smaller institutions in Kowloon and the New Territories. The North Point and Kowloon Stores maintain manufacturing units which supply pharmaceutical preparations in bulk, usually in concentrated form, to the many clinics and other institutions throughout the Colony.

422. Parenteral fluids are manufactured in bulk at the Central Medical Store and at the Queen Mary Hospital, which has the most modern pharmacy in the Colony. A total volume of 82,890 litres of



parenteral fluids, equivalent to 165,780 standard Medical Research Council bottles, was manufactured during the year, the major part of which was used by Government units. The balance was issued to the Tung Wah Hospitals. In addition 80,172 miscellaneous sterile preparations were made up. These included a wide range of injections, eye ointments, burn dressings, bone wax, eye drops and various other items used in large amounts both in hospitals and out-patient clinics.

423. The Central Medical Store handles large quantities of surgical instruments, specialized medical equipment for diagnostic and clinical use, anaesthetic apparatus and medical gases.

424. The Chief Pharmacist has important duties in connexion with the enforcement of the Dangerous Drugs, Pharmacy and Poisons and Penicillin Ordinances. These include the inspection of premises used both for the manufacture of pharmaceuticals and for the retail trade, the supervision of the import of dangerous drugs and the records of their distribution and sale. A much more satisfactory level of inspections was achieved during the year.

425. The addition of barbitone, pheno-barbitone and their salts to the Schedule of Dangerous Drugs entailed a great deal of preliminary detailed investigation and preparation. The efficient and unostentatious way in which this important work was carried through by the Chief Pharmacist and his senior staff resulted in a most effective control being imposed without any significant diminution in the stocks known to be in the Colony at that time. The co-operation of the importers and distributors materially contributed to the success of the operation.

426. Table 34 sets out the work done in connexion with the various ordinances controlling poisons, dangerous drugs and antibiotics.

TABLE 34

LICENCES AND PERMITS ISSUED						1957	1958
Wholesale Poisons' Licences	...	...	...	...	...	335	344
Authorized Sellers' Licences	...	...	...	...	...	26	29
Listed Sellers' Licences (i.e. for Part II Poisons only)						242	251
Anti-biotic Permits	...	...	...	...	...	227	209
Licences issued in connexion with the movement of							
Dangerous Drugs	...	...	...	...	...	246	233
Premises inspected	...	...	...	...	...	513	988

THE ALMONER SERVICE

427. The Principal Almoner, who is responsible for the medical social service, was assisted by a staff of thirty Almoners and Assistant

Almoners during the year. Six new entrants were recruited for training in the Assistant Almoners grade. Resignations and leave granted for further studies abroad resulted in the reduction of the proportion of senior and experienced almoners to almoners in training; this meant that 57% of the staff had had less than three years experience in the Department and only 32% had served for six years or more. As so much of the medical social work depends on individual case work by experienced almoners this threw a considerable strain on the more senior staff.

428. There is an increasing awareness of the part the medical social worker plays in the treatment and the full recovery of patients. Discussions, ward rounds and consultations with the Almoners are being more frequently utilized by the medical staff as an integral part of the plan of treatment. However, the greatly increased numbers of out-patients and in-patients and the development of services dealing with long-term patients, such as orthopaedics, has inevitably resulted in some restriction of the scope of the case-work carried out by the Almoners. In some instances it has been possible to hand over certain responsibilities to other branches. For example, admissions to Kowloon Hospital are now the responsibility of an Admissions Officer; the appointment of an Health Visitor to the Ophthalmic Service has been of mutual advantage as the hygiene and feeding problems can be more readily dealt with by the Health Visitor; voluntary associations engaged in welfare work have also assisted greatly by assuming responsibilities in connexion with the follow-up of patients.

429. The formation of neuro-surgical and orthopaedic units during the last two years at the Queen Mary and Kowloon Hospitals respectively has called for a considerable development of the almoning service. In addition the number of tuberculosis beds for which the Tuberculosis Almoners are responsible has increased from 873 to 1,016. The rehabilitation of long stay cases has always been the focus of the almoners' work at the Lai Chi Kok Hospital and to this has been added a great deal of work in connexion with a considerably increased turnover of short-term convalescent patients.

430. At the Mental Hospital there are now three full-time almoners and the detailed case work so necessary for the mentally ill has been more adequately covered. In 1958 a total of 1,777 patients was admitted and full social records were compiled for 724; the figures for 1957 were 1,358 and 442 respectively.



431. The visiting, by relatives, of patients in the Castle Peak Hospital is difficult on account of the distance and transport problems. The Mental Health Association has made available a private car once a month throughout the year and this has enabled a small number of relatives to maintain contact with both patients and almoners.

432. At the Tsan Yuk Maternity Hospital problems in connexion with the care of young children during the mothers' stay in hospital, Samaritan Fund grants to compensate for loss of earnings, and arrangements for the artificial feeding of young babies where breast feeding is contra-indicated have all been routine activities. Advice on family planning and reference to Family Planning Association clinics is given when it is sought and arrangements are made where necessary for the care or adoption of babies whose mothers have died after childbirth.

433. The almoners' work at the major polyclinics is continually expanding and the social angle of recovery in cases of poliomyelitis and meningitis has entailed much case work. An interesting feature is that the reference of mothers with young babies to Maternity and Child Health Centres has dropped as there is an increasing awareness amongst mothers of the value of the service provided and they now tend to seek it on their own initiative.

434. An analysis of 152 patients attending Out-patient Departments, for whom fuller case work was required showed that 36% were under 11 years of age, 21% were in the 11 - 30 age group, 34% in the 31 - 50 group and only 9% were over 50. Just under one-third of the cases were referred by doctors, one-seventh by nursing staff, half made their own application and the remainder came to light during routine interviews or were referred by outside organizations.

435. The almoners attached to the Social Hygiene Service have duties in connexion with leprosy, skin disease and venereal disease patients. The rehabilitation of cured leprosy patients continues to be a most difficult task but more encouraging progress has been made in co-operation with the Resettlement and Social Welfare Departments.

436. The Ophthalmic Service was short of the services of one of the two almoners for the greater part of the year but the posting of a second almoner in November eased the situation. Of 60,791 new eye cases seen, some 8,000 were referred to the almoners and full case work was completed for 1,723. There were 1,113 patients requiring eye operations and of these 333 were taken into hospital because the social background made this desirable; 504 cases of incipient blindness were

watched through treatment and then put in touch with the Blind Welfare section of the Social Welfare Department; 199 pairs of glasses were supplied from the ophthalmic workshop either free or at cost price; 191 cases of industrial accident were referred to the Labour Department.

437. Expenditure from the Samaritan Fund, which is used at the discretion of the almoners, amounted to \$10,192 disbursed in 2,274 grants. In addition money is held in the Fund on behalf of mental patients and pocket money given out monthly by the almoner. The grants were made for a variety of purposes—fares for needy patients or relatives to enable regular attendance at clinics or hospitals, payments to relatives or friends for the maintenance of the children of destitute parents in hospital, small capital grants towards rehabilitation and occasionally the emergency support of a family until a more permanent plan could be made. Major donations to the fund were made by the General Chinese Charities Fund and the Hong Kong Jockey Club.

438. Gifts of food were received from U.N.I.C.E.F., C.A.R.E. the Lutheran World Service and the Catholic Relief Services. Often a gift of food is more valuable than a cash grant from the Samaritan Fund to those who require supplementary feeding because of low standards of living.

439. From the Special Treatment vote expenditure on surgical appliances amounted to \$10,791. The establishment of a Government Specialist Orthopaedic unit has greatly increased the commitments to be met from this vote.

440. Five Assistant Almoners completed their first year of in-service training. The Almoner at the Queen Mary Hospital gave lectures to nurses in training and arranged for some practical experience of medical social work with the almoners' office. Social studies students from Chung Chi College spend two weeks of their summer vacation in almoners' offices as part of the field work of the course. Almoners also participated in the teaching of medical students attending the Social Medicine course at the University.

#### PHYSIOTHERAPY

441. There has been a considerable expansion in the scope of this service which, in relation to the very limited accommodation available, reflects great credit on the staff concerned. Until the new Queen Elizabeth Hospital and the Queen Mary Hospital extensions are



completed there will be little significant increase in the facilities for out-patient treatment and for the training of Physiotherapists.

442. There has been a small increase in trained staff during the year and this has enabled much more routine in-patient physiotherapy to be given. The Superintendent Physiotherapist is responsible for the service and she is assisted by eight Physiotherapists, five Assistant Physiotherapists and one probationer Assistant Physiotherapist. The distribution of staff is four at the Wan Chai Chest Clinic where the main out-patient centre is situated, three at the Queen Mary Hospital, six at Kowloon Hospital and two at Lai Chi Kok Hospital.

443. At Wan Chai the gymnasium equipment was improved and overhead suspension installed over five cubicles. The Orthopaedic Specialist holds a clinic here once weekly for poliomyelitis cases and advises on treatment and the fitting of appliances. Group treatment in classes for older children has been started and has greatly improved results. The Dermatologist also holds a weekly clinic here and the treatment of leucoderma with methyloxaralen followed by brief exposure to ultra-violet light has given very gratifying results. There is also a weekly visit by an almoner to interview patients in need of financial aid for travelling and surgical appliances or of other forms of assistance.

444. At the Queen Mary Hospital, the Physiotherapy Department is very crowded and inadequate and the majority of patients are treated individually in the wards. A Multitone 10 pulse stimulator has been obtained and is used for prognostic work and for the assessment of insurance and compensation claims. The acquisition of parallel bars for re-education in walking has been a great asset and is extensively used.

445. The increase in staff of three full-time Physiotherapists has allowed of much greater assistance to be given to the Thoracic Unit. Routine post-natal exercises can now also be given to all patients in the first and second class wards of the Maternity Wing. In conjunction with the Occupational Therapists many 'lively' splints have been devised and fitted for hand disabilities. The physiotherapy of orthopaedic and thoracic conditions has accounted for the major part of the work, with post-abdominal-surgery, burns and hemiplegia forming the next large group.

446. At the Kowloon Hospital Physiotherapy Department it has been possible to effect certain internal structural re-arrangements making more floor space available for class work for adult patients. Again overhead

suspension has been installed and gymnasium equipment has been improved. Six curtained cubicles have been added, one with a basin and running water for treatments with the Kremeyer Lamp. Regular orthopaedic, dermatology and industrial rehabilitation clinics are held and an Almoner visits the department weekly to interview patients in need of assistance.

447. The change in the balance of beds and the distribution of types of patient, at the Lai Chi Kok Hospital has resulted in an increased demand for physiotherapy. More orthopaedic beds, an increased number of acute poliomyelitis cases admitted to the infectious diseases section and more post-surgical convalescent cases have all added to the scope of the work. A small hut was built for the storage of equipment and to house the static bicycle.

448. In general it has become routine practice to give physiotherapy to all orthopaedic in-patients unless notified otherwise by the surgeon. While this has entailed much extra work it has eliminated much of the muscle wasting and joint stiffness encountered previously and has significantly accelerated the turnover of patients in the Queen Mary, Kowloon and Lai Chi Kok Hospitals.

449. Two Assistant Physiotherapists in training sat the departmental preliminary examination in January 1959. Both passed with credit and the co-operation of University staff in tuition, in dissection, in anatomy revision and in acting as external examiners is gratefully acknowledged. The students also took a course in physical training at the Northcote Training College and passed the same examination as the teachers in training. The curriculum of training is modelled, as far as local conditions permit, on that of physiotherapy schools in the United Kingdom and the aim is to establish in due course an approved centre in Hong Kong which will obtain recognition by the Chartered Society of Physiotherapists in Great Britain.

450. A Christmas Party was held in the Kowloon Hospital grounds for all children able to attend who are under treatment at the Wan Chai, Kowloon Hospital and Lai Chi Kok Hospital Physiotherapy Units. A large Christmas tree was lent by the King George V School and the Marine Police provided an entertainment. Toys were donated by the children of various Government schools and food was provided from a special grant made by the Department.



## OCCUPATIONAL THERAPY

451. There are four Occupational Therapy units—at the Queen Mary Hospital, the Lai Chi Kok Hospital, the Victoria Mental Hospital and the Castle Peak Mental Hospital. The Senior Occupational Therapist is assisted by three Occupational Therapists, eight Handicraft Instructors and three Clerk-interpreters. This represents an increase of two Handicraft Instructors and has resulted in an improvement in the continuity of treatments and a considerable increase in the variety and the quality of the work produced.

452. An allocation of \$30,000 for Maintenance and Operating Expenses was made to cover the cost of raw materials, miscellaneous stores, films for recreational therapy and incentive payments to patients in the Mental Hospital. Articles made by patients were sent from all units to the Welfare Handicrafts Shop in Kowloon, which accepted 15% of the total output, an increase of 5% on the previous year. From all articles sold revenue totalling \$13,045 was received.

453. The Occupational Therapy Unit in the Queen Mary Hospital is the headquarters of the service and for the first time this unit worked on a whole-time basis with an Occupational Therapist in charge and two Handicraft Instructors. Although the Unit was mainly concerned with in-patients, certain discharged patients, on the recommendations of the Almoners, continued to attend for diversional therapy or pre-vocational training.

454. Some new rehabilitation equipment was put into use, such as the F.E.P.S. adaption for hands, a bicycle fretsaw adaption for extension of the leg and foot and a simplified overhead suspension. More specific splints for nerve injuries and other orthopaedic conditions were devised and put into use for both in-patients and out-patients. Adapted bed tables, bed mirrors for prone patients, a rug loom and various educational toys used for rehabilitation were made in the Unit and used both in the department and in the wards. New materials purchased from the United Kingdom enabled the introduction of crafts not previously in use and an improvement in the weaving products; carpentry has also been started on a small scale. Diversional treatments given by the Handicraft Instructors have increased and 4% of in-patients are now receiving this form of therapy.

455. The Occupational Therapist from the Queen Mary Hospital now attends the weekly orthopaedic out-patient clinic at the Kowloon Hospital.

456. At the Lai Chi Kok Hospital Occupational Therapy unit there has been a noticeable increase in the treatments given with more emphasis on specific remedial work. A new building, which now houses the carpentry workshop, has proved to be a great asset in that it has lessened congestion in the existing unit and allowed many more of the mobile patients to be treated out of the wards. The work done included the development of specified muscle movements by the making of children's furniture, articulated toys, educational toys and other wood work.

457. Diversional therapy was given to walking tuberculosis patients who attended the unit for half an hour four times each week.

458. A small number of patients was, prior to discharge from hospital, instructed in the use of aids designed to overcome difficulties rising from long-term disabilities and to help with the daily needs of eating, washing, dressing and walking.

459. The standard and scope of work produced in the Occupational Therapy units at the Victoria Mental Hospital reached a high level. The introduction of new crafts such as embroidery on coloured linen canvas followed on the arrival of new equipment which also brought more variety to weaving and other established crafts. There was an increase in the number of patients occupied in painting and drawing for diagnostic purposes. Some of the better oil paintings were framed in the carpentry shop and presented to the Castle Peak Hospital for decoration of the existing wards.

460. A new Deccalian gramophone and microphone were added to the equipment and are most useful adjuncts to the existing stage which is used for concerts, social gatherings and other entertainments organized for the patients. Film shows continued at fortnightly intervals and a Chinese opera was staged at Christmas time by the courtesy of a local company. An interesting new development has been a series of outings, when selected patients are taken by the Occupational Therapist to places of interest, including photographic or painting exhibitions.

461. The second Annual Exhibition of Handicrafts and Sale of Work was held in December, 1958. This very successful function, which included exhibits of interest and a competition for the best dressed doll entered by members of the female nursing staff, realized \$1,432 from the sale of work.

462. The scope of the work done in therapy sessions held daily in the female wards has included the production of some good quality tapestries, modelling in plasticine and the making of plastic animals and glove



puppets. On the male side of the hospital a day room is now used for the making of bamboo brooms to fill orders from the Government Stores and this has given scope for therapy amongst some very retarded patients who have achieved a quite adequate quality of work. The men are also engaged in weaving, raffia work and the making of plastic flowers. The carpentry workshop turned out a variety of woodwork which included some well made and attractive pieces of furniture.

463. At the Castle Peak Hospital the facilities for occupational and diversional therapy are limited but continued satisfactory. Here gardening is the main activity on the male side while the women patients do a certain amount of sewing and tailoring for the hospital itself.

464. The incentive payments scheme has continued and provided funds for a number of special Chinese dinners—always a very popular form of entertainment. The incentive scheme is not yet comprehensive but this is being rectified in the next financial year when it will become fully operative throughout the two hospitals.

MEDICAL EXAMINATION BOARD

465. All candidates for employment with Government have to pass a medical examination before they can be accepted for appointment; this applies also to recruits to the Auxiliary Defence Services. A further medical examination is required for entry to the permanent establishment and before promotion or transfer. On each occasion a full physical examination is carried out, an X-ray taken of the chest and such other routine laboratory investigations as may be required are undertaken.

466. The Board consists of a Chairman and three other Medical Officers, one of whom is a woman. The following table outlines the work done during the year.

TABLE 35

		<i>Government Candidates</i>	<i>Auxiliary Defence Units</i>	<i>Miscellaneous</i>	<i>Total</i>
New examinations	... ..	6,232	2,539	149	8,920
Re-examinations	... ..	3,640	1,962	65	5,667
		<u>9,872</u>	<u>4,501</u>	<u>214</u>	<u>14,587</u>
Referred to Tuberculosis Specialist	... ..	...	...	...	1,903
,, other Specialists	... ..	...	...	...	610
Total referred	... ..	...	...	...	<u>2,513</u>

467. As in previous years, the main cause of rejection was pulmonary tuberculosis and, of all candidates examined, 13.04% were referred for investigation by the tuberculosis service. Of this number 7.57% were rejected on account of tuberculosis either active, quiescent or arrested; 0.95% had active tuberculosis, 2.7% had quiescent disease and 3.6% arrested lesions. Of those accepted eventually as fit but who had signs of healed pulmonary tuberculosis the percentage of the total candidates examined was 3.15%.

468. Of all candidates examined for the first time by the Board, 1,014 or 11.4% were rejected, the causes of rejection being as follows:

Diseases of the Respiratory System	...	...	...	...	830
Diseases of the Circulatory System	...	...	...	...	53
Diseases of the Alimentary System	...	...	...	...	27
Diseases of the Skeletal System	...	...	...	...	3
Diseases of the Genito-urinary System	...	...	...	...	17
Diseases of the Nervous System	...	...	...	...	10
Diseases of the Endocrine System	...	...	...	...	22
Diseases of the Eye	...	...	...	...	19
Miscellaneous Diseases	...	...	...	...	33
Total					<u>1,014</u>

469. The Board continued to examine employees found to be redundant in the service of H.M. Dockyard, the War Department and the R.A.F. with a view to their absorption into employment with Government. Towards the end of 1958 a special survey was made of Dockyard Clerical Staff as it is intended that all such staff should be guaranteed employment in the General Clerical Service of Government. By agreement with the Naval authorities an X-ray survey was made so that treatment could be started for any cases of active tuberculosis discovered. Of 164 persons X-rayed, 46 (28%) who had radiological abnormalities were referred to the Tuberculosis Service for further investigation; of those referred 6.06% had pulmonary tuberculosis requiring active treatment.

470. The Board also undertakes the preventive inoculation of candidates accepted for appointment to posts which may carry certain health risks, for example nurses and menial staff in the Medical and Health Department. Tuberculin testing and vaccination, T.A.B. prophylactic inoculations and Schick testing are carried out routinely on these employees.



## BLOOD BANKS

471. The Hong Kong Branch of the British Red Cross Society maintains a donation centre in premises on the Hong Kong water front and this aspect of the Society's work is supported by a subvention from Government. Propaganda and the collection and distribution of blood is carried out by the Society and altogether 3,309 pints of blood were collected through the Red Cross. The laboratory work is undertaken by the Government Institute of Pathology.

472. The two Blood Banks are situated at the Queen Mary and Kowloon Hospitals. Blood comes from the Red Cross Donation Centre direct to these Banks and is then distributed to the wards and to other hospitals as required. In addition, where a patient has received a transfusion in the Government Hospitals the relatives and friends are asked to make a direct contribution to the Blood Bank to replace the blood used but only 29.6% of the blood received was collected in this way.

473. A total of 5,283 pints of blood was taken into the two Blood Banks during the year the greater part of which came from the Armed Services in the Colony. The crews of H.M. ships and of U.S. Navy ships visiting the Colony also made a significant contribution towards the total.

474. There is an increasing band of voluntary Chinese donors largely due to the enthusiastic efforts of Mr. Wilfred Wong, the Chairman of the Hong Kong Branch of the British Red Cross Society. At a ceremony held in July 1958 the Director of Medical and Health Services presented certificates to members of this Donors Club, all of whom had given blood on five or more occasions.

## HOSPITAL ADMINISTRATION AND SUPPLY

475. The Chief Hospital Secretary and his staff of four Hospital Secretaries and five Assistant Hospital Secretaries are responsible for the work of this branch of the Department. The responsibilities include assistance with the planning of the services, the equipment and the supplies for new institutions, the supply and maintenance of medical and surgical equipment and furniture to existing hospitals and clinics, the recruitment and discipline of the male menial staff, the supply of rations, fuel and the accounting for hospital stores, the running of departmental transport, the maintenance of libraries and of stationery stores, fire precautions and the initiation of maintenance of and repairs to fabric and buildings. Staff welfare is also an important activity and the Chief

Hospital Secretary and his staff maintain a close liaison with the hospital staff associations.

476. There are two Group Hospital Secretaries, one in Hong Kong at the Queen Mary Hospital and one at the Kowloon Hospital. In the Hong Kong Group of Hospitals and Clinics there are Assistant Hospital Secretaries, who are Executive Officers Grade II, at the Queen Mary Hospital, at the Mental Hospital and at the Sai Ying Pun Clinic and Infectious Diseases Hospital. In Kowloon there are two Assistant Hospital Secretaries, one at the Kowloon Hospital and one at the Lai Chi Kok Hospital. The Kowloon Hospitals Group includes the New Territories' institutions, with the exception of the uncompleted Castle Peak Mental Hospital which, for administrative purposes, is treated as part of the old Mental Hospital in Victoria.

477. The complexities of modern hospital administration are such that it is essential to have an adequate staff of officers trained and qualified as Hospital Administrators. There is as yet no formal system of training which will give the experience and teaching necessary for admission to the examinations for the Diploma of Hospital Administrators. Pending the report of the Salaries Commission appointed early in 1959, further consideration of this aspect has been held in abeyance. One qualified Hospital Secretary arrived on transfer from another Colony to fill a long-standing vacancy, but this has been the only augmentation of the working establishment for a period of over two years.

### *Planning*

478. Work in connexion with planning, schedules of accommodation and the supply of equipment has been carried out in connexion with twenty-two new projects including the Queen Elizabeth Hospital, the Castle Peak Mental Hospital, major extensions to the Queen Mary Hospital and five major clinics. Some of this work has been of a continuing nature, on projects which will take some years to complete but it is nonetheless time consuming, as new problems always arise during the various stages of construction.

479. The Queen Mary Hospital has been completely re-wired, during the process of re-decorating the whole hospital. A new bed lift was installed and another is in the process of replacement.

480. Advice was also given by the Chief Hospital Secretary in connexion with the planning and equipment of hospitals and clinics under construction by voluntary and missionary bodies which have asked for assistance.



### *U.N.I.C.E.F. Projects*

481. The Chief Hospital Secretary is the Honorary Area Representative of U.N.I.C.E.F. in connexion with the Milk Feeding Programme and the Maternal and Child Health Project. The latter has now been merged into the Maternal and Child Health Services of the Department but the Milk Feeding Scheme has been extended and one new centre was opened at Sek Kong. During the year 229,986 lb. of skimmed milk solids was received from U.N.I.C.E.F. as against 155,034 lb. the previous year. Altogether 1,464,080 supplementary meals were distributed from Feeding Centres as compared to 1,168,110 in 1957. During the year, a Fourth Addendum to the original Milk Feeding Agreement has been signed which provides for the supply of a further 330,000 lb. of Skim Milk to Hong Kong. The milk is supplied free and U.N.I.C.E.F. pays the freight from the United States of America to Hong Kong. The internal services connected with distribution in Hong Kong represent Government's matching contribution.

### *Staff Welfare*

482. There is a wide range of activities maintained by the staff associations and clubs within the Department. These activities have included the production of a play in support of a health education project, the provision of schooling for children, aid to pensioners, the relief of families in distress through illness or the death of a breadwinner, Chinese chess, football and table tennis competitions and social gatherings and outings. During the year plans were completed for the building of a recreational centre at Kowloon Hospital; this will be a very welcome addition to the welfare services.

483. It is gratifying to record that, mainly as a result of these welfare activities, staff relations within the Department have been very good and that there have been few cases of indiscipline in relation to the number of staff employed.

### AUXILIARY MEDICAL SERVICE

484. The role of the Auxiliary Medical Service, established under the provisions of the Essential Services Corps Ordinance, is to augment the Government medical services during an emergency. The aim is to duplicate the Medical Department staff engaged in the task of dealing with a greatly enhanced intake of acute cases to the established and emergency hospitals. In addition the Auxiliary Medical Service provides a cadre of stretcher bearers, trained in first-aid, to man the ambulance teams which are attached to the Civil Aid Services rescue organization

during an emergency. The Medical Defence Staff Officer is responsible for the routine administration of the Auxiliary Medical Service and the Director of Medical and Health Services is the Unit Controller.

485. Recruitment continued steadily throughout the year and there was a net increase of just over 200 members. This was due largely to the formation of two new detachments at Tai Po and Tsuen Wan in the New Territories. Previously, the A.M.S. functioned only in the urban areas but the extent of the clinic service in the New Territories now warrants a trained reserve in case of civil emergency. In the urban areas the loss of members due to absence from the Colony, retirement, and transfer to other Civil Defence Units continued and was just balanced by the intake of recruits.

486. The development of training facilities was a most satisfactory feature of the year's work. Demonstration first-aid squads have been formed on Hong Kong Island and in Kowloon and have proved invaluable not only in training recruits but in stimulating keenness and improving morale. Wound-faking of live 'casualties' was introduced as a routine during zone exercises held in conjunction with the Civil Aid Services and members of ambulance teams have also been in attendance at certain times at the Casualty Departments of the Queen Mary and Kowloon Hospitals. This has introduced a valuable element of realism into the training which not only conditions recruits but makes for much gentler handling of the injured. The combined CAS/AMS exercises held each month in different zones have resulted in an all round improvement in control, communications and co-operation between the two services.

487. At Ambulance Depots 1,167 members are now carrying out regular training in ambulance and first-aid work of up to fourteen hours duration each month. In the proficiency examinations in first-aid 822 members were awarded certificates.

488. The courses of instruction completed during the year were :

	<i>Basic First-Aid</i>	<i>Driving Instruction</i>	<i>Message Writing</i>	<i>Stores and Storekeeping</i>
Members attending	62	92	64	41
	<i>Ward Auxiliary Dressers Course (4 days)</i>	<i>Auxiliary Nurses Hospital Course (2 weeks)</i>	<i>Auxiliary Dressers Basic Course</i>	<i>Ward Refresher Course (5 days)</i>
Members attending	72	83	113	538

489. A special promotion course was held for 62 Grade II members to fit them for advancement to Grade III or above.



490. Two Sundays each month were devoted to the training of pharmacists and dispensers in the preparation of intravenous fluids. This training is carried out at four depots, two on each side of the harbour, under the supervision of the Chief Pharmacist.

## V. TRAINING PROGRAMME

### DOCTORS

491. Undergraduate training is carried out at the University of Hong Kong which confers the degree of M.B. B.S. recognized since 1911 by the General Medical Council of the United Kingdom. The Queen Mary Hospital is the Teaching Hospital and post-graduate training there for higher specialist qualifications is recognized by the majority of the Examining Bodies in Great Britain. The Tsan Yuk Maternity Hospital and the Queen Mary Hospital are recognized by the Royal College of Obstetrics and Gynaecology for training leading to the Diploma and Membership Examinations.

492. For the first time, the examinations for Part I of the Diploma in Medical Radiology in Diagnosis and Therapy were held in the Colony, during October 1958. Sixteen candidates sat the examinations and nine passed, six in Diagnosis and three in Therapy.

493. The Society of Apothecaries in London also held examinations in Hong Kong for the primary qualifications of L.M.S.S.A. during October, November and December. The written examinations were held in October and the papers corrected in London by the Society's examiners before they came to Hong Kong for the practical and oral examinations in November and December. Members of the University and Government Clinical Staff assisted as external examiners.

494. Of the 119 candidates attempting the examinations, 87 passed in one or more subjects, of whom 43 passed in all subjects. Further examinations by the Society will be held towards the end of 1959 and again in 1960 for the third and last time.

495. The Panel on Post Graduate Medical Education consisting of University and Government staff members met four times during the year. This Panel keeps the programme of training for post-graduate qualifications under review and makes recommendations regarding appointments to training posts and the progress of those under training.

496. The following post-graduate qualifications were acquired by Government Medical Officers during the year.

M.R.C.P. ...	...	...	...	...	...	...	...	...	3
M.R.C.O.G. ...	...	...	...	...	...	...	...	...	1
D.L.O. ...	...	...	...	...	...	...	...	...	1
D.O.M.S. ...	...	...	...	...	...	...	...	...	1
D.O. ...	...	...	...	...	...	...	...	...	1
D.P.H. ...	...	...	...	...	...	...	...	...	2
D.A. ...	...	...	...	...	...	...	...	...	1
D.M.R.T. ...	...	...	...	...	...	...	...	...	2
D.M.R.D. & T., Part I	...	...	...	...	...	...	...	...	9

#### DENTISTS

497. Under the Government Dental Scholarship Scheme which started in 1954 there were, at March 31st 1959, 32 Dental Students studying in Malaya and Australia. Of these 11 are at the University of Malaya, 8 at the University of Adelaide and 13 at Melbourne University. The first qualified Dental Surgeon to be assisted under this scheme returned to Hong Kong in 1957.

498. As mentioned earlier in this report, provisional plans to establish a Faculty of Dental Science at Hong Kong University have been approved in principle by Government. However it will be 1961/62 at the earliest before pre-clinical instruction can be started at the University. Meantime, the selection of candidates for 7 Government Scholarships is being carried out annually.

#### NURSES

499. The continuing expansion of the work of the Department and the necessity to train nursing staff for the large new hospitals under construction has thrown a very considerable strain on the resources of teaching staff and accommodation. The immediate demands have so far been met but the strain will continue until such time as the new Nurses Training School at the Queen Elizabeth Hospital in Kowloon has been fully established.

500. The existing Nurses Preliminary Training School is at the Queen Mary Hospital and this Hospital and Kowloon Hospital are training schools approved by the Nursing Board. The medium of instruction at these schools is English and candidates for training must be in possession of the Hong Kong School Leaving Certificate.

501. The intake of student nurses, male and female, to the Government Training Schools was increased to 109 and there are now 302



nurses in training. The Tutor staff was augmented in September 1958 by the return of a Nursing Sister who had obtained the Sister Tutor Certificate of the University of Edinburgh. Additional accommodation for the increased intake of students was obtained by the lease of private houses pending the completion of the new Nurses Preliminary Training School and Quarters at the Queen Elizabeth Hospital.

502. There is as yet no recognized course of training in Mental Nursing in the Colony. The new Castle Peak Mental Hospital of 1,000 beds, now under construction, will include a training school and a qualified male tutor in psychiatric nursing will return to Hong Kong in August 1959. In anticipation of the need for a nucleus of trained mental nurses a further 13 students were sent to England to train for the Registered Mental Nurse Certificate.

503. In February 1959, at the annual distribution of prizes and certificates to nurses who had qualified at the Government Schools, Lady Black presented certificates to 32 Nurses, 5 Male Nurses, 11 Health Visitors and 30 Nurse Midwives and twelve prizes to those who had gained distinction in the examinations.

504. A number of qualified nurses, who had gained further experience overseas in differing aspects of nursing, returned to Hong Kong during the year and a further 10 Sisters and Nurses have gone abroad for additional courses of training and experience. These nurses are given no pay leave so that their pensionable service is not broken by their absence. In addition the costs of travel and certain other expenses are met by Government.

505. There are also Nurses Training Schools approved by the Nursing Board at the Tung Wah Hospitals, the Alice Ho Miu Ling Nethersole Hospital and the Hong Kong Sanatorium and Hospital. In these hospitals, where the teaching is carried out in Chinese, there is a total of 409 student nurses in training.

#### MIDWIVES

506. Registered nurses who have trained in the Government School of Nursing then proceed to take a one-year course in midwifery, conducted in English, in the maternity wards of the Queen Mary and Kowloon Hospitals. Those who have trained at the Tung Wah Group of Hospitals, Alice Ho Miu Ling Nethersole Hospital and Hong Kong Sanatorium also take a one-year course of midwifery in the maternity wards of their respective hospitals, where the teaching is carried out in Chinese.

507. For student midwives who are not registered nurses there is a two-year course of training carried out in Chinese at the Government Tsan Yuk Hospital.

508. At the end of the year there was a total of 169 student midwives in training of whom 31 were attending the two-year course at Tsan Yuk.

#### HEALTH VISITORS

509. The course of training for Health Visitors lasts for ten months at the end of which the students enter for the Health Visitor's Certificate examinations conducted by the Hong Kong Examination Board of the Royal Society for the Promotion of Health. All entrants to the course are qualified nurses and midwives and the training covers a wide field including lectures, demonstrations, visits to a variety of institutions and factories and assignments for practical work to various branches of the Health Service.

510. The fifth course of training was completed at the Harcourt Health Centre during the year and ten candidates entered for the examinations, all of them passed. The sixth course of training started in October 1958 with a maximum intake of ten students.

#### RADIOGRAPHERS

511. The course of training for Radiographers in both diagnosis and therapy is carried out at the Queen Mary Hospital. It is recognized by the Society of Radiographers in the United Kingdom and examinations for the M.S.R. are held annually in the Colony. At the end of the year there were 23 student radiographers in training. The M.S.R.(R) examinations were held in April and November when 15 students passed the Part I examination and one student passed in Part II.

#### LABORATORY TECHNICIANS

512. The Government Institute of Pathology is recognized by the Institute of Medical Laboratory Technology in the United Kingdom as a teaching laboratory where the requisite period of experience and training necessary for entrance direct to the Intermediate examinations can be gained. The students are then required to go to the United Kingdom to sit the Intermediate Examination after which a further period of instruction, arranged by the Institute, qualifies for entrance to the Associateship examinations. At present there are four students in the United Kingdom who are studying for the A.I.M.L.T.



513. There is a local course of training for Medical Laboratory Technicians which follows closely the curriculum of the I.M.L.T. and which leads to a departmental examination. During the year 28 student Medical Laboratory Technicians were in training and one passed the qualifying departmental examination.

#### OTHER FORMS OF DEPARTMENTAL TRAINING

514. There are courses of training for Assistant Physiotherapists, Dispensers and Tuberculosis Visitors which do not lead to a recognized qualification but which prepare those concerned for admission to permanent posts on the establishment after they have passed a departmental examination.

515. Lectures are also given on the local aspects of medical social work to Probationer Almoners who already have the basic qualifications of a University Degree and a recognized Certificate or Diploma in Social Science.

516. The following table sets out the categories of training undertaken within the Department during the year.

TABLE 36

	<i>Appointment</i>	<i>Resignation</i>	<i>Strength at 31.3.59</i>	<i>Passed</i>
Probationer Assistant Physiotherapist .. ..	—	—	1	1
Probationer Radiographic Assistant .. ..	7	1	21	1 (a)
Student Dispenser .. ..	16	—	29	3
Probationer Laboratory Assistant .. ..	4	3	28	1
Probationer Assistant Almoner	7	1	11	3
Student Nurse .. ..	98	14	257	24
Student Male Nurse .. ..	11	5	45	5
Student Nurse (Psychiatry) ..	—	1	3 (b)	—
Student Male Nurse (Psychiatry)	2	4	15 (c)	—
Student Midwives .. ..	21	6	29	27
Student Midwives (Registered Nurses) .. ..	40	3	37	30
Health Visitor (Student) ..	10	—	10	11
Tuberculosis Visitors .. ..	14	2	6	6

(a) 14 passed Part I during the year.

(b) All training in U.K.

(c) 9 training in U.K., 6 training in Hong Kong.

ATTENDANCES AT CONFERENCES AND MEETINGS INCLUDING THOSE  
SPONSORED BY THE WORLD HEALTH ORGANIZATION

517. The following table sets out the attendances by officers at Meetings and Conferences during the year.

TABLE 37

<i>Appointment</i>	<i>Conferences etc. attended</i>	<i>Place</i>
Senior Tuberculosis Specialist Supervisor & Training Officer of Health Nurses .. ..	NAPT Commonwealth Chest Conference.	London
Director of Medical and Health Services .. .. .	9th Session of the W.H.O. Regional Committee for the Western Pacific.	Manila
Surgical Specialist .. ..	5th International Congress on Disease of the Chest.	Tokyo
Medical Officer .. ..	6th International Congress on Tropical Medicine and Malaria.	Lisbon
Social Hygiene Specialist ..	*7th International Congress of Leprosy.	Tokyo
	*W.H.O. Inter-regional Leprosy Conference.	Tokyo
Orthopaedic Specialist .. ..	Pan-Pacific Rehabilitation Conference	Sydney
Assistant Director of Medical Services .. .. .	*Meeting of the W.H.O. Committee on International Quarantine.	Geneva
Medical Officer .. ..	*First Asian Study Seminar on Family Life and Mental Health.	Manila
Senior Radiological Specialist ..	Second Australian Conference on Radiation Biology.	Melbourne
Dental Specialist .. ..	*Second Dental Health Seminar in the Western Pacific Region.	Adelaide
Dental Surgeon	*15th Australian Dental Congress	Adelaide
Malariologist .. ..	*Third Asian Malaria Conference sponsored by W.H.O.	New Delhi
Government Chemist .. ..	International Seminar on Illicit Drug Traffic.	Paris
Medical Officer .. ..	*W.H.O. Regional Conference on Maternity Care.	Manila
Woman Medical Officer .. ..		
Health Sister .. ..		

\*Funds provided by the sponsoring organization.



COURSES OF STUDY INCLUDING WORLD HEALTH ORGANIZATION  
FELLOWSHIP

518. The following table sets out the courses of study attended by officers during the year.

TABLE 38

<i>Appointment</i>	<i>Course of Study</i>	<i>Place of Study</i>	<i>Source of Funds</i>
2 Medical Officers .. ..	Licentiate, Medical Council of Canada	Canada	Own expense
2 Medical Officers .. ..	Fellowship, Royal College of Surgeons	U.K.	Government
2 Medical Officers .. ..	Diploma in Public Health	U.K.	Government
1 Medical Officer .. ..	Certificate in Dermatology	U.K.	Government
1 Medical Officer .. ..	Membership, Royal College of Physicians	U.K.	Government
1 Medical Officer .. ..	Diploma in Anaesthetics	U.K.	Government
1 Medical Officer .. ..	Industrial Health	U.K.	Government
1 Woman Medical Officer	Diploma in Medical Radiotherapy	U.K.	Sino-British Fellowship
2 Woman Medical Officers	Diploma in Public Health	Malaya	W.H.O.
1 Woman Medical Officer	Diploma in Medical Radiodiagnosis	U.K.	Own expense
1 Woman Medical Officer	Diploma in Anaesthetics	U.K.	Government
1 Assistant Medical Officer	Licentiate, Medical Council of Canada	Canada	Own expense
1 Radiologist .. ..	Diploma in Medical Radiotherapy	U.K.	Government
1 Radiologist .. ..	Diploma in Medical Radiodiagnosis	U.K.	Government
1 Dental Surgeon .. ..	Prosthodontic Techniques	U.K.	Government
1 Superintendent Physiotherapist .. ..	Hydrotherapy	U.K.	Government
1 Woman Pharmacist .. ..	Methods and Techniques in connexion with the organization and maintenance of a central sterile supplies service	U.K.	Government
1 Physicist .. ..	Linear Accelerators course	U.K.	Government
1 Physicist .. ..	Hospital Physics	U.K.	Government
2 Radiographers .. ..	Membership, Society of Radiographers (Therapy)	U.K.	Government
2 Dental Surgery Assistants	Dental Nursing	New Zealand	W.H.O.
1 Dental Surgery Assistant	Dental Nursing	Malaya	W.H.O.
1 Health Sister .. ..	Nursing Administration (Public Health) Course	U.K.	Colonial Development & Welfare Fund

<i>Appointment</i>	<i>Course of Study</i>	<i>Place of Study</i>	<i>Source of Funds</i>
1 Nursing Sister .. ..	Neuro-surgical Nursing	Canada	Own expense
1 Nursing Sister .. ..	Operating Theatre Techniques	U.S.A.	Own expense
1 Nurse .. ..	Operating Theatre Techniques	U.S.A.	Own expense
1 Nurse .. ..	Midwifery	U.K.	Own expense
1 Nurse .. ..	Operating Theatre Techniques and Paediatrics	Canada	Own expense
1 Auxiliary Nurse .. ..	Registered Mental Nurse Certificate	U.K.	Government
3 Student Nurses (Psychiatric) .. ..	Registered Mental Nurse Certificate	U.K.	Government
9 Student Male Nurses (Psychiatric) .. ..	Registered Mental Nurse Certificate	U.K.	Government
3 Laboratory Assistants .. ..	Associateship, Institute of Medical Laboratory Technology	U.K.	Government

#### VISITORS

519. The following distinguished medical men and women visited the Department during the year:

##### *General*

- (i) Dr. Peter D. Commanduras, B.S., M.D., M.Sc. (MED.), F.A.C.P., Secretary General of MEDICO (Medical International Co-operation), U.S.A. from 1.5.58 to 4.5.58.
- (ii) Sir Kenneth F. Coles, President of the International Society for the Welfare of Cripples, and Lady Coles, from 30.5.58 to 4.6.58.
- (iii) Dr. Burton-Bradley, a Psychiatrist of the Queensland Department of Health, Australia, at present working in the Woodbridge Hospital, Singapore, from 16.6.58 to 17.6.58.
- (iv) Dr. CHANG Wu Hu, Director of V.D. Control Programme, Taiwan visited the Colony from 2nd to 11th July, 1958. During his stay he visited the Social Hygiene sub-department and several other units of the Medical Department.
- (v) Dr. R. G. Soemantri, Chief of Dental Section, Public Health Service, Indonesia, from 7.8.58 to 9.8.58.
- (vi) Professor A. G. Watkins, M.D., F.R.C.P., Professor of Child Health, Welsh National School of Medicine, University of Wales, from 10.10.58 to 18.10.58.
- (vii) Dr. (Miss) Claire Vellut, a Belgian doctor working in India passed through Hong Kong on her way to the leprosy meeting in Tokyo on 29.10.58.



- (viii) Professor J. E. Roberts, Joel Professor of Physics in the University of London, and Dr. E. Rohan Williams, Director of the Radiological Department at St. Mary's Hospital, London, in October to conduct examinations locally for Part I of the D.M.R.D. & T.
- (ix) Dr. J. C. R. Buchanan, C.M.G., M.D., Deputy Chief Medical Officer to the Colonial Office, on his tour of the Far Eastern Territories visited Hong Kong from 12.11.58 to 17.11.58.
- (x) Professor J. H. Hale, Professor of Bacteriology, University of Malaya, from 27.11.58 to 4.12.58.
- (xi) The following examiners of the Worshipful Society of Apothecaries of London conducted examinations for the L.M.S.S.A. during November and December:
  - Dr. Bruce Pearson, B.CH., F.R.C.P.,
  - Dr. Kenneth M. A. Perry, M.A. F.R.C.P.,
  - Professor C. G. Rob, M.CHIR., F.R.C.S.,
  - Mr. T. L. T. Lewis, M.B., B.CH., F.R.C.S.,
  - Professor J. Henry Dible, LL.D., F.R.C.P.
- (xii) Mrs. G. de Guzman, Chief, Division of Nursing, Department of Health, Philippines, on 3.1.59.
- (xiii) Mr. W. I. J. Wallace, C.M.G., O.B.E., Head of the Far Eastern Department, Colonial Office, from 5.1.59 to 11.1.59.
- (xiv) Dr. Morris Schaeffer, Medical Director, Virus and Rickettsia Section, Montgomery, Alabama, U.S.A., from 17.1.59 to 20.1.59.
- (xv) Miss Racelios, Regional Nurse Supervisor in the Philippine, on 11.3.59.
- (xvi) Mrs. G. M. Williams, wife of the Governor of the State of Michigan, and Mrs. John Abernathy, from 26.3.59 to 29.3.59.

*World Health Organization staff and fellows:*

- (i) Dr. E. Nassau, Bacteriologist, South East Regional Office, from 1.5.58 to 4.5.58.
- (ii) Dr. Donald R. Thomson, Liaison Officer attached to U.N.I.C.E.F., Bangkok, on 27.5.58.
- (iii) Dr. Ke Han KIM, Technical Assistant Fellow in Leprosy, from 9.6.58 to 27.6.58.
- (iv) Dr. Jinsong Lee, Maternal and Child Health Fellow from Korea, from 9.6.58 to 21.6.58.

- (v) Dr. S. K. Quo, Regional Statistician, from 10.7.58 to 20.7.58.
- (vi) Miss Alice Schaffer, Chief of the U.N.I.C.E.F. Area Office in Central America, visited the Colony on 28.8.58 for a two day visit.
- (vii) Dr. Gay Prieto, Chief of the Leprosy Unit, from 31.10.58 to 4.11.58.
- (viii) Mrs. Jean Arnold Tory, Chairman of the Canadian Committee for U.N.I.C.E.F. from 4.11.58 to 14.11.58.
- (ix) Dr. Chaisiri Kettanurak, Senior Medical Officer in charge of the Division of Leprosy Control, Department of Health, Thailand, from 29.11.58 to 6.12.58.
- (x) Dr. Douglas Russell, Specialist Medical Officer (Leprosy) in the Public Health Department of the Territory of Papua and New Guinea, from 2.1.59 to 6.1.59.
- (xi) Miss Esther Lipton, Nurse-midwife Consultant for the Regional Conference on Maternity Care, from 14.2.59 to 19.2.59.
- (xii) Dr. C. Y. Shu, Regional Public Health Administrator, on 28.2.59.
- (xiii) Dr. YUN Suk Woo, Chief of the Medical Faculties Section, Ministry of Health and Social Affairs, Korea, from 10.3.59 to 14.3.59.
- (xiv) Dr. CHANG Cheng Chi, Chief of the Epidemiological Department, Taipei, Tuberculosis Centre, from 5.3.59 to 11.3.59.
- (xv) Dr. R. B. Singh, Port Health Officer in Rangoon, Burma, from 15.3.59 to 23.3.59.

## VI. BUILDING PROGRAMME

520. (a) New projects put into operation and extensions of existing work:

- (i) Kowloon Families Clinic, Farm Road, was opened on 3.2.58.
- (ii) The Tsuen Wan Health Office was transferred to new premises on 20.3.58.
- (iii) The Kowloon Chest Clinic, after undergoing substantial alterations and enlargement was re-opened to the public on 10.3.58. There are therefore now two large chest clinics serving the needs of Kowloon.
- (iv) The new Central District Health Centre, which was built by the Hong Kong Jockey Club, was opened on 8.4.58 and Ophthalmic Clinics were held at this clinic from 20.6.58.



- (v) A new Dental Clinic, for use by Government Servants and their families, was opened at the Kowloon Terminus of the Kowloon-Canton Railway on 14.4.58.
- (vi) A School Clinic was opened in the North Point Housing Estate on 1.4.58.
- (vii) The new Floating Clinic, the M.V. '*Chee Hong*' was put into full operation on 6.5.58 and has since then been paying regular visits to outlying islands and villages in the eastern parts of the New Territories.
- (viii) Extra accommodation for Physiotherapy and Occupational Therapy has been provided at Lai Chi Kok Hospital. The buildings were completed on 22.6.58 and are now in use.
- (ix) The Ophthalmic Clinic at Li Kee Memorial Dispensary was opened on 22.7.58.
- (x) A new Clinic at Peng Chau donated by the Jaycees and the Peng Chau Rural Committee was opened on 28.8.58 by His Excellency the Governor. It is a six-bed maternity home and clinic and is staffed and managed by Government.
- (xi) The new Chai Wan Clinic was opened on 3.9.58.
- (xii) The Kowloon Public Mortuary moved to the new building in the Hung Hom Reclamation on 4.11.58.
- (xiii) A new X-ray office for the Casualty Department in Kowloon Hospital was opened in December, 1958.
- (b) Buildings under construction or being planned :
  - (i) A new Maternity Home and clinic in Hung Hom, sponsored by the Kai Fong Association, is expected to be in operation next year.
  - (ii) Work on the new Sai Ying Pun Polyclinic is continuing. The Out-patient Department was transferred to old Tsan Yuk Hospital Building.
  - (iii) Work on the new Maternity Home and Clinic in Tai O was completed on 31.3.59.
  - (iv) Work has commenced on site preparation for the new Queen Elizabeth Hospital Nurses' Quarters.
  - (v) Planning is continuing on—
    - A new Health Centre in Kennedy Town,
    - A new Maternity Home and Clinic in Sha Tau Kok.

## VII. PUBLICATIONS

521. The following articles were published by members of the Department:

<i>Title of Article</i>	<i>Publication</i>	<i>Name &amp; Title of Author</i>
1. A case of Ectopic Pregnancy Associated with carcinoma of Uterine Cervix.	Journal of Obstetrics & Gynaecology of the British Empire.	Dr. H. Gordon Page, Obstetrical & Gynaecological Specialist.
2. A Brief Review of 19 cases of Malignant Testicular Tumours Treated at the Radiotherapy Department, Queen Mary Hospital, Hong Kong.	Bulletin of the Hong Kong Chinese Medical Association, 1958.	Drs. H. C. Ho (Senior Radiological Specialist), P. S. Chan & C. H. Tsao (Radiologists).
3. Radiotherapy of Ankylosing Spondylitis.	Bulletin of the Hong Kong Chinese Medical Association, 1958.	Drs. H. C. Ho (Senior Radiological Specialist), R. Khoo & C. H. Tsao (Radiologists).
4. The Possession Syndrome in Hong Kong and in Catholic Cultures.	Bulletin of the Hong Kong Chinese Medical Association, 1959.	Dr. P. M. Yap, Psychiatric Specialist.
5. The biological significance of different appearances of rat and human leprosy bacilli as shown by electron microscopy.	VII International Congress of Leprology in Tokyo, Japan on 12-19 November, 1958.	Dr. P. C. Wong, Pathologist.

## ACKNOWLEDGMENT

It is again a pleasant duty to pay tribute to the hard and devoted work of all grades of the staff of the Department who have faced the many problems with courage and determination. In this they have been supported by the co-operation of the other Departments of Government, the large voluntary and charitable associations, the medical missions and numerous other agencies engaged in the task of providing a medical service in Hong Kong. The assistance and support that has been given so willingly is gratefully acknowledged.

D. J. M. MACKENZIE,  
*Director of Medical & Health Services.*



SAMARITAN FUND

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST MARCH, 1959

Description	Amount		Description	Amount	
	\$	c.		\$	c.
RECEIPTS			PAYMENTS		
To Balance brought forward (on deposit with Accountant General)			By Providing maintenance, capital grants, clothing, food, travelling expenses, etc. to patients ... ..		10,466.84
Fund ... ..		\$11,348.34	Incidental expenses for individual patients paid out of pensions and other monies received on their behalf ... ..		2,102.46
Pensions and other monies held on behalf of individual patients ...		2,102.52	Balance carried forward, (on deposit with Accountant General)		
			Fund ... ..	\$18,478.45	
Donations ... ..			Pensions and other monies held on behalf of individual patients ...	2,256.13	
Pensions and other monies received on behalf of individual patients ...					
					20,734.58
					\$33,303.88

Certified correct.

(Sgd.) G. AGABEG,  
for Director of Medical & Health Services.  
15. 5. 59.

(Sgd.) MAURA BENHAM,  
Principal Almoner, Medical & Health Department.  
15. 5. 59.

The above statement has been examined in accordance with Condition 6 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N. No. A. 113 of 26th May, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

AUDIT DEPARTMENT,  
Hong Kong, 10th June, 1959.

(Sgd.) W. H. WILLIAMS,  
Acting Director of Audit.

# NURSES REWARDS AND FINES FUND

## STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST MARCH, 1959

Description	Amount	Description	Amount
	\$ c.		\$ c.
RECEIPTS		PAYMENTS	
To Balance brought forward (on deposit with Accountant General) ... ..	1,900.72	By Purchase of prizes, etc. for Nurses and Dressers ... ..	375.05
		Provision of tea on the occasion of presentation of certificates and prizes to Nurses and Dressers for the year 1959 ... ..	525.00
		Balance carried forward (on deposit with Accountant General) ... ..	1,000.67
	\$1,900.72		\$1,900.72

Certified correct.

(Sgd.) G. AGABEG,  
for Director of Medical & Health Services.  
15. 5. 59.

(Sgd.) B. G. SCHOFIELD,  
Principal Matron, Medical & Health Department.  
15. 5. 59.

The above statement has been examined in accordance with Condition 5 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N. No. A. 115 of 26th May, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

AUDIT DEPARTMENT,  
Hong Kong, 10th June, 1959.

(Sgd.) W. H. WILLIAMS,  
Acting Director of Audit.



HONG KONG ISLAND MEDICAL FACILITIES

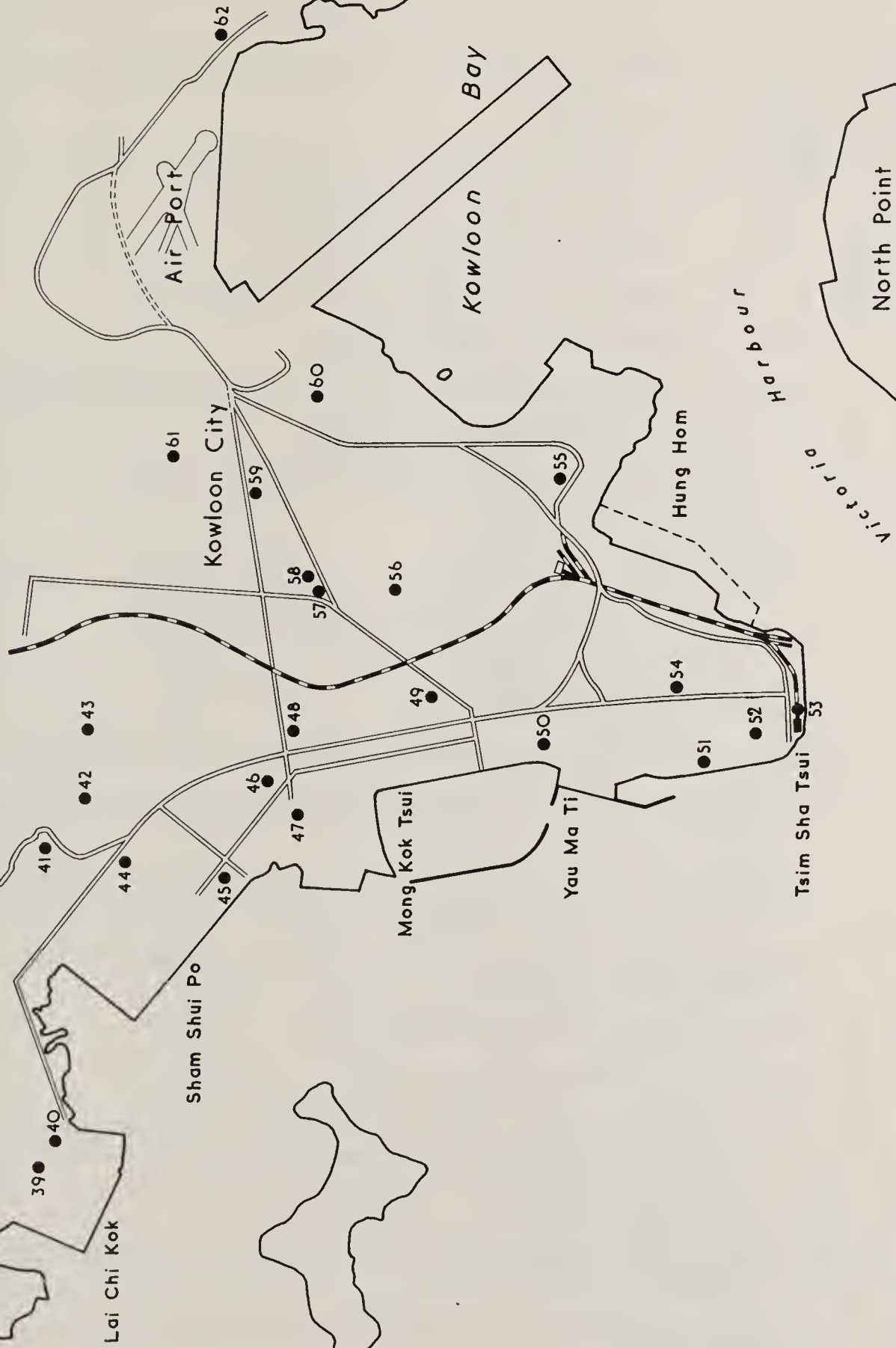


A  
HONG KONG ISLAND

1. Ling Yuet Sin Infants' Hospital.
2. Li Sing Primary School Clinic.
3. Tsan Yuk Hospital (a maternity hospital).
4. Mental Hospital.
5. Sai Ying Pun Hospital (infectious diseases) and Outpatient Department (general outpatient with special clinics).
6. Tung Wah Hospital (a general hospital, with outpatient department and special clinics).
7. Alice Ho Miu Ling Nethersole Hospital (a general hospital).
8. Port Health Inoculation Centre.
9. Central District Health Centre (general outpatient facilities, Maternal and Child Health Centre and special clinics).
10. Police Medical Post (general outpatient and dental facilities for police officers and their families).
11. Port Health Inoculation Centre, Fung House.
12. Hong Kong Central Hospital (a general hospital).
13. Hong Kong Families Clinic (general outpatient facilities for English-speaking Government servants and their families).
14. Military Hospital (a general hospital).
15. St. Francis Hospital (a general hospital).
16. Eastern Dispensary and Maternity Hospital (a maternity home with general outpatient facilities).
17. Wan Chai Clinic (a dental centre, tuberculosis clinic, and physiotherapy department).
18. Hong Kong Sanatorium & Hospital (a general hospital).
19. Medical Examination Board.
20. Violet Peel Polyclinic (general outpatient facilities with special clinics and an ophthalmic centre).
21. Ruttonjee Sanatorium (a tuberculosis hospital).
22. Wan Chai Social Hygiene Hospital (a hospital for venereal and dermatological treatment).
23. Harcourt Health Centre (a school health, maternal and child health centre and a male social hygiene clinic).
24. St. Paul's Hospital (a general hospital).
25. Tung Wah Eastern Hospital (a general hospital and outpatient department).
26. St. John Ambulance Brigade Centre.
27. North Point School Clinic and Maternal & Child Health Centre.
28. North Point Health Centre (an outpatient department).
29. Shau Kei Wan Public Dispensary (general outpatient facilities with special clinics).
30. Chai Wan Clinic and Maternal & Child Health Centre.
31. Stanley Prison Hospital.
32. Stanley Dispensary & Maternity Home (general outpatient facilities and maternity home).
33. Grantham Hospital (a tuberculosis hospital).
34. Aberdeen Public Dispensary (general outpatient facilities, with special clinics).
35. Matilda Hospital (a general hospital).
36. Naval Hospital (a general hospital).
37. Queen Mary Hospital (an acute general hospital with casualty department).
38. Sandy Bay Convalescent Home (an orthopaedic hospital for children).



KOWLOON PENINSULA MEDICAL FACILITIES



## B

### KOWLOON

39. Lai Chi Kok Hospital (an infectious diseases and convalescent hospital).
40. Female Prison Hospital.
41. Shek Kip Mei Health Centre (general outpatient facilities with special clinics, a chest clinic and Maternal & Child Health Centre).
42. Li Cheng Uk Clinic (general outpatient facilities).
43. Tai Hang Tung Clinic (general outpatient facilities).
44. Precious Blood Hospital (a general hospital).
45. Sham Shui Po Public Dispensary (general outpatient facilities with special clinics).
46. Mong Kok Clinic (general outpatient facilities).
47. Government Ophthalmic Clinic—Arran Street (an ophthalmic centre).
48. Queen Elizabeth School Clinic.
49. Kwong Wah Hospital (a general hospital and infirmary with outpatient department).
50. Yau Ma Tei Public Dispensary (general outpatient facilities).
51. Kowloon Police Medical Post (general outpatient and dental facilities for police officers and their families).
52. Ashley Road Social Hygiene Clinic (a male treatment centre for venereal disease).
53. Kowloon-Canton Railway Staff Clinic (general outpatient facilities for Railway staff and their families and a dental clinic).
54. Tsim Sha Tsui Health Centre (a school health, maternal & child health centre, including a female social hygiene clinic and port health inoculation centre).
55. Hung Hom Clinic & Maternity Home (general outpatient facilities with special clinics and maternity home).
56. Ho Man Tin Maternal & Child Health Centre.
57. Kowloon Chest Clinic (a tuberculosis clinic).
58. Kowloon Hospital and Outpatient Department (an acute general hospital with casualty department and outpatient department with special and dental clinics).
59. St. Teresa's Hospital (a general hospital).
60. Kowloon Families Clinic (general outpatient facilities for English-speaking Government officers and their families).
61. Li Kee Memorial Dispensary (general outpatient facilities with special clinics and a dental clinic).
62. Ngau Tau Kok Maternal & Child Health Centre.



Crown Copyright Reserved

C  
NEW TERRITORIES

63. Sha Tau Kok Dispensary (general outpatient facilities with maternity beds).
64. Ho Tung Dispensary (a maternity home with convalescent beds).
65. Pok Oi Hospital (a general hospital).
66. Yuen Long Dispensary (general outpatient facilities with special clinics).
67. Castle Peak Hospital (a mental hospital).
68. San Hui Dispensary (a maternity home, with special clinics).
69. Maurine Grantham Health Centre (general outpatient facilities with special clinics and a Maternal & Child Health Centre).
70. Sha Tin Maternity Home.
71. H.K. Jockey Club Clinic, Tai Po (general outpatient facilities, special clinics, including a dental clinic and maternity beds).
72. Sai Kung Dispensary (general outpatient facilities, special clinics and maternity beds).
73. Haven of Hope Tuberculosis Sanatorium.
74. Canaan Convalescent Home.
75. Peng Chau Clinic (general outpatient facilities and special clinics with maternity beds).
76. Hei Ling Chau Leprosarium.
77. North Lamma Clinic (general outpatient facilities with maternity beds).
78. St. John Hospital (a general hospital and outpatient department with special clinics).
79. Silver Mine Bay Dispensary (general outpatient facilities with maternity beds).
80. Tai O Dispensary (general outpatient facilities, with special clinics and maternity beds).



## APPENDIX 1

### ESTABLISHMENT OF THE MEDICAL & HEALTH DEPARTMENT AS AT 31.3.59

Director of Medical and Health Services	...	...	...	...	...	...	1
Deputy Director of Medical and Health Services	...	...	...	...	...	...	1
Assistant Director of Medical Services	...	...	...	...	...	...	1
Assistant Director of Health Services	...	...	...	...	...	...	1
Senior Medical Officer	...	...	...	...	...	...	3
Senior Health Officer	...	...	...	...	...	...	1
Senior Surgical Specialist	...	...	...	...	...	...	1
Senior Radiological Specialist	...	...	...	...	...	...	1
Senior Tuberculosis Specialist	...	...	...	...	...	...	1
Dental Specialist	...	...	...	...	...	...	1
Social Hygiene Specialist	...	...	...	...	...	...	1
Psychiatric Specialist	...	...	...	...	...	...	1
Ophthalmic Specialist	...	...	...	...	...	...	1
Anaesthetic Specialist	...	...	...	...	...	...	2
Medical Specialist	...	...	...	...	...	...	2
Radiological Specialist	...	...	...	...	...	...	2
Surgical Specialist	...	...	...	...	...	...	4
Tuberculosis Specialist	...	...	...	...	...	...	1
Orthopaedic Specialist	...	...	...	...	...	...	1
Obstetrical and Gynaecological Specialist	...	...	...	...	...	...	1
Ear, Nose and Throat Specialist	...	...	...	...	...	...	1
Government Pathologist	...	...	...	...	...	...	1
Chief Port Health Officer	...	...	...	...	...	...	1
Malariologist	...	...	...	...	...	...	1
Senior Forensic Pathologist	...	...	...	...	...	...	1
Medical Officer, Assistant Medical Officer, Woman Medical Officer, Assistant Woman Medical Officer and House Officer	...	...	...	...	...	...	336
Dental Surgeon and Assistant Dental Surgeon	...	...	...	...	...	...	22
Pathologist	...	...	...	...	...	...	3
Radiologist	...	...	...	...	...	...	8
Government Chemist	...	...	...	...	...	...	1
Chemist, Assistant Chemist, Biochemist and Assistant Biochemist	...	...	...	...	...	...	10
Principal Matron	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	1,384
Dietitian	...	...	...	...	...	...	2
Principal Almoner	...	...	...	...	...	...	1
Almoner and Assistant Almoner	...	...	...	...	...	...	39
Executive Grade Officer	...	...	...	...	...	...	12
Clerical Staff	...	...	...	...	...	...	237
Chief Pharmacist, Pharmacist, Dispenser and Dispensary Supervisor	...	...	...	...	...	...	101
Superintendent Radiographer, Senior Radiographer, Radiographer and Radio- graphic Assistant	...	...	...	...	...	...	73
Superintendent Physiotherapist, Physiotherapist and Assistant Physiotherapist	...	...	...	...	...	...	24
Physicist	...	...	...	...	...	...	6
Occupational Therapist	...	...	...	...	...	...	4
Chief/Senior/Laboratory Technician and Laboratory Assistant	...	...	...	...	...	...	56
Chief Hospital Secretary and Hospital Secretary	...	...	...	...	...	...	5
Health Inspector and Malaria Inspector	...	...	...	...	...	...	32
Public Vaccinator	...	...	...	...	...	...	63
Other Staff	...	...	...	...	...	...	2,434
Total							<u>4,887</u>

**APPENDIX 2**  
**NOTIFIABLE DISEASES**  
**REPORTED CASES AND DEATHS 1957 AND 1958**

Diseases	No. of Notifications		No. of Deaths	
	1957	1958	1957	1958
Cholera ... ..	—	—	—	—
Plague ... ..	—	—	—	—
Smallpox ... ..	—	—	—	—
Typhus (epidemic louse-borne)	—	—	—	—
Yellow fever ... ..	—	—	—	—
Relapsing fever ... ..	—	—	—	—
Amoebiasis ... ..	217	262	8	12
Bacillary dysentery ... ..	550	424	9	25
Enteric fever ... ..	728	816	33	34
Poliomyelitis ... ..	45	262	7	41
Chickenpox ... ..	280	278	2	3
Cerebrospinal Meningitis ...	21	28	9	17
Diphtheria ... ..	1,239	1,555	129	134
Measles ... ..	875	786	93	191
Scarlet fever ... ..	5	10	—	—
Whooping cough ... ..	96	197	—	2
Puerperal fever ... ..	2	4	—	—
Rabies { Human ... ..	—	—	—	—
	Animal ... ..	0	0	0
*Ophthalmia Neonatorum ...	—	105	—	—
Typhus { Urban ... ..	—	—	—	—
	Scrub ... ..	1	—	—
Malaria ... ..	447	659	—	1
Tuberculosis ... ..	13,665	13,485	2,675	2,302
TOTAL ... ..		0	0	0
		18,170	2,965	2,762
		18,872		

\* Ophthalmia neonatorum was declared notifiable in June 1958.



## APPENDIX 3

### ANTI-EPIDEMIC PROPHYLACTIC IMMUNIZATIONS 1957 AND 1958

Immunological Procedure						1957	1958
Anti-Smallpox Vaccination	...	...	...	...	...	1,082,809	564,244
Anti-Cholera Inoculation	...	...	...	...	...	29,070	93,155
Anti-Diphtheria Inoculations :							
1st Dose	...	...	...	...	...	143,897	109,336
2nd Dose	...	...	...	...	...	100,941	90,396
Booster Dose	...	...	...	...	...	66,231	42,330
Anti-Typhoid Inoculations :							
1st Dose	...	...	...	...	...	118,879	103,381
2nd Dose	...	...	...	...	...	88,605	70,833
Booster Dose	...	...	...	...	...	120,891	95,044
Anti-Plague Inoculation	...	...	...	...	...	299	236
Anti-Typhus Inoculation	...	...	...	...	...	1,421	1,082
Anti-Rabies :							
1st Dose	...	...	...	...	...	3,080	3,046
Other Doses	...	...	...	...	...	11,474	12,266
Anti-Tuberculosis (B.C.G.) Vaccinations :							
Infants	...	...	...	...	...	35,149	49,865
Others	...	...	...	...	...	10,074	10,390

# APPENDIX 4

## MALARIA NOTIFICATIONS, 1958

### SOURCE OF CASES

Reported as Reported from	FRESH CASES					RECURRENT CASES					TOTAL
	V.	F.	M.	Mixed	T.U.	Total	V.	F.	M.	T.U.	Total
Unprotected Area ...	500	17	18	0	1	536	72	8	0	0	80
Protected Area ...	16	4	1	1	0	22	12	3	3	0	18
Imported Cases ...	3	0	0	0	0	3	0	0	0	0	0
TOTAL...	519	21	19	1	1	561	84	11	3	0	98
											659

V. = vivax  
F. = falciparum  
M. = malariae  
Mixed = mixed infection  
T.U. = type unspecified



APPENDIX 5

ANALYSIS OF CASES REPORTED AS 'FRESH' FROM PROTECTED AREAS

1958

Cases reported as 'fresh' but subsequently found to have history of previous attack	...	...	...	...	...	2
Actual residences subsequently found to be outside protected areas	...	...	...	...	...	3
Infection apparently contracted outside the protected areas	...	...	...	...	...	12
Infection apparently contracted in protected areas	...	...	...	...	...	5
TOTAL	...	...	...	...	...	22

POSSIBLE EXPLANATION FOR OCCURRENCE OF FRESH CASES IN PROTECTED AREAS

Recipient of recent blood transfusion from donor possibly being malaria carrier	...	...	...	...	...	2
Residence situated in localities closely bordered by unprotected areas (Rennie's Mill, New Territories in all these instances)	...	...	...	...	...	3

# APPENDIX 6

## CLASSIFICATION OF DERMATOLOGICAL CASES 1958

Diagnosis					No. admitted to Wan Chai Hospital	No. diagnosed at Wan Chai Clinic	No. diagnosed at University Clinic	Total cols. 4 & 5 as %
1.	Abrasions	...	...	...	—	22	—	0.67
2.	Acne	...	...	...	—	11	10	0.67
3.	Alopecia Areata	...	...	...	—	4	15	0.57
4.	Boils Folliculitis	...	...	...	23	483	10	15.0
5.	Carcinoma	...	...	...	—	1	6	0.21
6.	Contact Dermatitis	...	...	...	77	446	81	16.0
7.	Dermatitis due to Clogs	...	...	...	—	12	5	0.52
8.	Eczema - Atopic	...	...	...	—	5	4	0.27
9.	Eczema - Infantile	...	...	...	14	151	7	4.2
10.	Eczema - Infective	...	...	...	13	109	15	3.8
11.	Eczema - Scrotum	...	...	...	—	8	2	3.0
12.	Eczema - Miscellaneous	...	...	...	4	270	11	8.8
13.	Exfoliative Dermatitis	...	...	...	—	—	—	—
14.	Erythema Multiforme	...	...	...	3	6	11	0.52
15.	Erythema Nodosum	...	...	...	3	4	3	0.2
16.	Herpes Zoster	...	...	...	—	3	2	0.15
17.	Ichthyosis, Xerosis	...	...	...	—	1	2	0.06
18.	Impetigo	...	...	...	6	349	10	10.2
19.	Leprosy	...	...	...	—	2	73	2.4
20.	Lichen Planus	...	...	...	—	3	1	0.12
21.	Lupus Erythematosus	...	...	...	6	6	5	0.33
22.	Moniliasis	...	...	...	—	7	—	0.2
23.	Neurodermatitis	...	...	...	—	79	26	3.2
24.	Porphyria	...	...	...	—	—	1	—
25.	Perionychia, Whitlow	...	...	...	—	2	2	0.12
26.	Pediculosis	...	...	...	—	—	—	—
27.	Pompholyx	...	...	...	—	3	2	0.15
28.	Prickly Heat	...	...	...	—	34	2	1.1
29.	Pruritis	...	...	...	3	80	8	2.7
30.	Psoriasis	...	...	...	5	13	21	1.04
31.	Purpura	...	...	...	1	2	4	0.18
32.	Ringworm of Scalp	...	...	...	—	3	10	0.39
33.	Ringworm of Body	...	...	...	1	23	3	0.80
34.	Ringworm of Groins	...	...	...	1	10	1	0.33
35.	Ringworm of Feet and Hands	...	...	...	2	70	22	2.8
36.	Rosacea	...	...	...	—	—	4	0.12
37.	Scabies	...	...	...	1	36	1	1.11
38.	Scleroderma, Sclerodactyly	...	...	...	—	—	—	0.0
39.	Tuberculosis of Skin	...	...	...	6	11	10	0.63
40.	Undetermined (Not Classed)	...	...	...	61	332	104	13.7
41.	Urticaria	...	...	...	5	24	5	0.89
42.	Varicose Dermatitis/Ulcer	...	...	...	14	31	4	1.05
43.	Warts	...	...	...	5	4	18	0.66
44.	Seborrhoeic Dermatitis	...	...	...	—	33	10	1.29
45.	Leucoderma	...	...	...	—	5	27	0.97



# APPENDIX 7

## NUMBER OF HOSPITAL BEDS IN HONG KONG — 1958

	Medical	Surgical	Gynaecological	Tuberculosis	Mental	Maternity	Infectious	Observation	Total
<b>GOVERNMENT HOSPITALS :</b>									
Queen Mary ...	221	229	47	52	—	37	—	14	600
Kowloon ...	95	131	20	—	—	46	7	12	311
Mental ...	—	—	—	—	140	—	—	—	140
Castle Peak ...	—	—	—	—	120	—	—	—	120
Sai Ying Pun ...	—	—	—	—	—	—	88	—	88
Tsan Ynk... ..	—	—	—	—	—	200	—	—	200
Lai Chi Kok ...	69	158	14	88	—	24	144	—	473
Eastern Maternity ...	—	—	—	—	—	—	—	—	24
Wan Chai Social Hygiene ...	—	—	—	—	—	—	22 4 cots 4 cradles	—	30
St. John ...	32	6	—	42	—	15	5	—	100
Stanley Prison ...	22	22	—	20	—	—	18	—	82
Lai Chi Kok Female Prison ...	7	1	1	—	—	1	—	—	10
	446	547	82	202	260	323	292	26	2,178
<b>GOVERNMENT-ASSISTED HOSPITALS :</b>									
Tung Wah* ...	217	151	8	217	—	34	10	—	637
Tung Wah Eastern ...	161	42	16	49	—	42	10	—	320
Kwong Wah† ...	280	139	20	60	—	160	—	—	659
Alice Ho Min Ling Nethersole ...	78	54	44	12	—	82	—	—	270
The Hong Kong Anti-T.B. Association, Ruttonjee Sanatorium ...	—	—	—	336	—	—	—	—	—
Grantham ...	—	—	—	540	—	—	—	—	336
Pok Oi ...	40	—	—	—	—	10	—	—	540
Hei Ling Chau Leprosarium ...	50	—	—	15	—	—	—	—	50
Haven of Hope T.B. Sanatorium ...	—	—	—	122	—	—	540	—	605
Sandy Bay Convalescent Home ...	—	54	—	—	—	—	—	—	122
	826	440	88	1,351	—	328	560	—	54
									3,593
<b>PRIVATE HOSPITALS :</b>									
Hong Kong Sanatorium & Hospital ...	101	98	29	31	—	43	14	—	316
Precious Blood ...	34	10	—	57	—	7	—	—	108
St. Teresa's ...	65	28	—	—	—	17	—	—	110
St. Francis ...	36	20	—	12	—	—	2	—	70
St. Paul's... ..	90	22	—	34	—	26	—	—	172
Hong Kong Central ...	30	30	6	10	—	10	4	—	90
Ling Yuet Sin Infants' ...	98	5	—	—	—	15	2	—	120
Matilda & War Memorial ...	20	15	5	—	—	12	—	—	52
Canaan Convalescent Home ...	—	—	—	68	—	—	—	—	68
	474	228	40	212	—	130	22	—	1,106

# APPENDIX 7—Contd.

	Medical	Surgical	Gynaecological	Tuberculosis	Mental	Maternity	Infectious	Observation	Total
PRIVATE MATERNITY HOMES: ...	—	—	—	—	—	528	—	—	528
PRIVATE NURSING HOMES: ...	51	—	—	—	—	—	—	—	51
GOVERNMENT DISPENSARIES AND MATERNITY HOMES:									
Stanley ...	—	—	—	—	—	6	—	—	6
Hong Kong Jockey Club Clinic, Tai Po...	2	—	—	—	—	25	—	—	27
Yuen Long ...	—	—	—	—	—	7	—	—	7
Sha Tau Kok ...	—	—	—	—	—	3	—	—	3
Ho Tung ...	6	—	—	—	—	7	—	—	13
Sai Kung ...	—	—	—	—	—	7	—	—	7
Tai O ...	—	—	—	—	—	9	—	—	9
San Hui ...	—	—	—	—	—	3	—	—	3
Sha Tin Maternity Home ...	—	—	—	—	—	4	—	—	4
Silver Mine Bay Maternity Home ...	—	—	—	—	—	6	—	—	6
Maurine Grantham Health Centre ...	—	—	—	—	—	26	—	—	26
North Lamma Clinic ...	—	—	—	—	—	6	—	—	6
Peng Chau ...	1	—	—	—	—	6	—	—	7
	9	—	—	—	—	115	—	—	124
GOVERNMENT HOSPITALS ...	446	547	82	202	260	323	292	26	2,178
GOVERNMENT-ASSISTED HOSPITALS ...	826	440	88	1,351	—	328	560	—	3,593
PRIVATE HOSPITALS ...	474	228	40	212	—	130	22	—	1,106
PRIVATE MATERNITY HOMES ...	—	—	—	—	—	528	—	—	528
PRIVATE NURSING HOMES ...	51	—	—	—	—	—	—	—	51
GOVERNMENT DISPENSARIES AND MATERNITY HOMES ...	9	—	—	—	—	115	—	—	124
GRAND TOTAL ...	1,806	1,215	210	1,765	260	1,424	874	26	7,580

\* 86 T.B. Beds in Infirmary, Sandy Bay are included.

† 125 Beds (i.e. 40 Med. & 85 Surg.) in Infirmary at Kwong Wah Hospital are included.



# APPENDIX 8

## IN-PATIENTS TREATED IN GOVERNMENT AND GOVERNMENT ASSISTED HOSPITALS, 1958 CLASSIFIED ACCORDING TO INTERNATIONAL STANDARD CLASSIFICATION INTERMEDIATE LIST OF 150 CAUSES

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un- known
A 1	001 - 008	Tuberculosis of respiratory system...	1,220	4,224	58	941	1,274	553	—
A 2	010	Tuberculosis of meninges and central nervous system ...	93	483	29	310	207	184	—
A 3	011	Tuberculosis of intestines, peri- toneum and mesenteric glands	24	34	1	4	12	5	—
A 4	012 - 013	Tuberculosis of bones and joints	108	422	1	13	8	6	—
A 5	014 - 019	Tuberculosis, all other forms	89	160	12	17	27	26	—
A 6	020	Congenital syphilis ...	15	39	2	2	4	3	—
A 7	021	Early Syphilis...	8	6	—	—	—	—	—
A 8	024	Tabes dorsalis...	10	18	—	1	2	—	—
A 9	025	General paralysis of insane...	110	7	* 19	—	18	1	—
A 10	022, 023 026 - 029	All other syphilis ...	124	86	6	3	52	7	—
A 11	030 - 035	Gonococcal infections	312	1	—	—	—	—	—
A 12	040	Typhoid fever...	342	259	5	17	17	14	—
A 13	041 - 042	Paratyphoid fever and other Salmonella infections	12	7	2	2	7	2	—
A 14	043	Cholera	—	—	—	—	—	—	—
A 15	044	Brucellosis (undulant fever)...	—	—	—	—	—	—	—
A 16 (a)	045	Bacillary dysentery ...	272	12	8	4	15	9	—
(b)	046	Amoebiasis ...	139	21	4	2	11	1	—
(c)	047, 048	Other unspecified forms of dysentery	19	5	—	—	—	1	—
A 17	050	Scarlet fever ...	6	1	—	—	—	—	—
		<i>Carried forward...</i>	2,903	5,785	147	1,316	1,654	812	—
									2,466

\* 1 died of A107—Other diseases of digestive system.

# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		Total
							Male	Female	
A 18	051	<i>Brought forward...</i>	2,903	5,785	147	1,316	1,654	812	2,466
A 19	052	Streptococcal sore throat	10	—	—	—	—	—	—
A 20	053	Erysipelas	2	2	—	—	—	—	—
A 21	055	Septicaemia and pyaemia	47	186	40	37	40	41	81
A 22	056	Diphtheria	1,532	6	134	—	69	65	134
A 23	057	Whooping cough	11	—	—	—	—	2	2
A 24	058	Meningococcal infections	22	3	5	3	10	7	17
A 25	060	Plague	—	—	—	—	—	—	—
A 26	061	Leprosy	69	630	—	1	1	—	1
A 27	062	Tetanus	116	16	50	5	36	19	55
A 28	080	Anthrax	—	—	—	—	—	—	—
A 29	082	Acute poliomyelitis	224	1	33	—	25	16	41
A 30	081, 083	Acute infectious encephalitis	7	—	1	—	1	—	1
		Late effects of acute poliomyelitis and acute infectious encephalitis...	1	18	—	—	—	—	—
A 31	084	Smallpox	—	—	—	—	—	—	—
A 32	085	Measles	319	46	85	33	96	95	191
A 33	091	Yellow fever	—	—	—	—	—	—	—
A 34	092	Infectious hepatitis	63	—	—	—	5	—	5
A 35	094	Rabies	—	—	—	—	—	—	—
A 36	100	Louse-borne epidemic typhus	—	—	—	—	—	—	—
(a)	101	Flea-borne epidemic typhus (murine)	—	—	—	—	—	—	—
(b)	104	Tick-borne epidemic typhus	—	—	—	—	—	—	—
(c)	105	Mite-borne typhus	—	—	—	—	—	—	—
(d)	102, 103	Other and unspecified typhus	4	—	—	—	—	—	—
(e)	106 - 108								
A 37	110	Vivax malaria (benign tertian)	14	19	—	—	—	1	1
		<i>Carried forward...</i>	5,344	6,712	495	1,395	1,937	1,058	2,995



# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown
A 37 (b) (c) (d) (e)	111 112 115 113, 114 116, 117 123.0	<i>Brought forward...</i>	5,344	6,712	495	1,395	1,937	1,058	—
		Malariae malaria (quartan) ...	1	—	—	—	—	—	—
		Falciparum malaria (Malignant tertian) ...	17	—	—	—	—	—	—
		Blackwater fever ...	—	—	—	—	—	—	—
		Other and unspecified forms of malaria ...	11	6	—	—	—	—	—
A 38 (a) (b) (c) (d)	123.1 123.2 123.3	Schistosomiasis vesical (S. haematobium) ...	—	—	—	—	—	—	—
		Schistosomiasis intestinal (S. Mansoni) ...	—	—	—	—	—	—	—
		Schistosomiasis pulmonary (S. Japonicum) ...	—	—	—	—	—	—	—
		Other and unspecified schistosomiasis ...	—	—	—	—	—	—	—
		Hydatid disease ...	1	—	—	—	—	—	—
A 39 A 40 (a) (b) (c) (d)	125 127 127 127 127	Onchocerciasis ...	4	—	—	—	—	—	—
		Loiasis ...	—	—	—	—	—	—	—
		Filariasis (bancrofti) ...	2	—	—	—	—	—	—
		Other filariasis ...	4	—	—	—	—	—	—
		Ankylostomiasis ...	28	43	—	—	—	—	—
A 41 A 42 (a) (b) (c) (d)	126 130.0 130.3 124, 128, 130.1, 130.2 037	Tapeworm (infestation) and other cestode infestations ...	—	—	—	—	—	—	—
		Ascariasis ...	29	38	—	—	—	—	—
		Guinea Worm (dracunculosis) ...	—	—	—	—	—	—	—
		Other diseases due to helminths ...	6	45	—	—	—	—	—
		Lymphogranuloma venereum ...	4	—	—	—	—	—	—
A 43 (a)		<i>Carried forward...</i>	5,451	6,844	495	1,395	1,937	1,058	—
									2,995

# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un-known
A 43	(b)	<i>Brought forward...</i>	5,451	6,844	495	1,395	1,937	1,058	—
	(c)	Granuloma inguinale, venereal	—	1	—	—	—	—	—
	(d)	Other and unspecified venereal diseases	6	—	—	—	—	—	—
		Food poisoning infection and intoxication	7	—	—	—	—	—	—
	(e)	Relapsing fever	—	—	—	—	—	—	—
	(f)	Leptospirosis icterohaemorrhagica (Weil's disease)	—	—	—	—	—	—	—
	(g)	Yaws	—	—	—	—	—	—	—
	(h)	Chickenpox	48	6	1	—	1	2	3
	(i)	Dengue	—	1	—	—	—	—	—
	(j)	Trachoma	3	—	—	—	—	—	—
	(k)	Sandfly fever	—	—	—	—	—	—	—
	(l)	Leishmaniasis	—	—	—	—	—	—	—
	(m)	Trypanosomiasis gambiensi...	—	—	—	—	—	—	—
	(a)	Trypanosomiasis rhodesiensis	—	—	—	—	—	—	—
	(b)	Other and unspecified trypanosomiasis	—	—	—	—	—	—	—
	(c)	Dermatophytosis	2	1	—	—	—	—	—
(n)	131	Scabies	1	—	—	—	—	—	—
(o)	135	All other diseases classified as infective and parasitic	78	27	—	—	—	—	—
(p)	036,054,059, 063,064,070, 074,086,088, 089,093, 096.1,096.6, 096.8,096.9, 122,132-134, 136-138								
		<i>Carried forward...</i>	5,596	6,880	496	1,395	1,938	1,060	—
									2,998



## APPENDIX 8—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony			
							Male	Female	Sex Un- known	Total
		<i>Brought forward...</i>	5,596	6,880	496	1,395	1,938	1,060	—	2,998
A 44	140 - 148	Malignant neoplasm of buccal cavity and pharynx ...	138	237	37	106	149	80	—	229
A 45	150	Malignant neoplasm of oesophagus...	59	32	10	19	33	15	—	48
A 46	151	Malignant neoplasm of stomach ...	87	306	27	130	148	97	—	245
A 47	152, 153	Malignant neoplasm of intestine, except rectum ...	83	80	13	55	46	61	—	107
A 48	154	Malignant neoplasm of rectum ...	60	50	3	22	20	25	—	45
A 49	161	Malignant neoplasm of larynx ...	7	8	1	2	8	2	—	10
A 50	162, 163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ...	53	119	15	69	92	70	—	162
A 51	170	Malignant neoplasm of breast ...	95	151	3	40	—	82	—	82
A 52	171	Malignant neoplasm of cervix uteri...	288	187	9	69	—	138	—	138
A 53	172 - 174	Malignant neoplasm of other and unspecified parts of uterus ...	46	49	7	17	—	51	—	51
A 54	177	Malignant neoplasm of prostate ...	7	7	—	—	5	—	—	5
A 55	190, 191	Malignant neoplasm of skin ...	6	11	—	3	3	—	—	3
A 56	196, 197	Malignant neoplasm of bone and connective tissue ...	25	31	3	17	14	11	—	25
A 57	155 - 160, 164, 165, 175, 176, 178 - 181, 192 - 195, 198, 199	Malignant neoplasm of all other and unspecified sites ...	245	354	102	241	366	188	—	554
A 58	204	Leukaemia and aleukaemia ...	89	46	36	16	40	28	—	68
		<i>Carried forward...</i>	6,884	8,548	762	2,201	2,862	1,908	—	4,770

# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un-known
A 59	200 - 203, 205	<i>Brought forward...</i>	6,884	8,548	762	2,201	2,862	1,908	—
A 60	210 - 239	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...	88	36	31	10	26	15	—
A 61	250, 251	Benign neoplasms and neoplasms of unspecified nature ...	832	279	14	10	11	13	—
A 62	252	Nontoxic goiter ...	63	23	—	—	—	—	—
A 63	260	Tyrototoxicosis with or without goiter ...	167	28	2	—	2	5	—
A 64 (a)	280	Diabetes mellitus ...	184	62	4	5	12	15	—
(b)	281	Beriberi ...	12	14	1	—	4	2	—
(c)	282	Pellagra ...	—	3	—	—	—	—	—
(d)	283 - 286	Scurvy... ..	—	1	—	—	—	—	—
A 65 (a)	290	Other deficiency states ...	51	685	3	29	25	7	—
(b)	291	Pernicious and other hyperchromic anaemias ...	6	—	—	—	1	3	—
(c)	292, 293	Iron deficiency anaemias (hypochromic) ...	2	44	—	—	—	2	—
A 66 (a)	241	Other specified and unspecified anaemias ...	180	245	15	19	22	19	—
(b)	240, 242 - 245, 253, 254, 270 - 277, 287 - 289, 294 - 299	Asthma ... All other allergic disorders, endocrine, metabolic and blood diseases ...	109	353	1	9	53	22	—
			354	103	15	12	17	10	—
		<i>Carried forward...</i>	8,932	10,424	848	2,295	3,035	2,021	—
									5,056



# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown
		<i>Brought forward...</i>	8,932	10,424	848	2,295	3,035	2,021	—
A 67	300 - 309	Psychoses ...	1,266	1	* 13	—	—	2	2
A 68	310 - 324, 326	Psychoneuroses and disorders of personality ...	475	35	† 3	—	2	—	2
A 69	325	Mental deficiency ...	38	7	—	—	1	—	1
A 70	330 - 334	Vascular lesions affecting central nervous system ...	315	916	142	474	545	428	973
A 71	340	Nonmeningococcal meningitis ...	63	37	31	18	34	19	53
A 72	345	Multiple sclerosis ...	—	—	—	—	—	—	—
A 73	353	Epilepsy ...	132	39	2	2	4	—	4
A 74	370 - 379	Inflammatory diseases of eye ...	22	15	—	—	—	—	—
A 75	385	Cataract ...	221	112	—	—	—	—	—
A 76	387	Glaucoma ...	27	45	—	—	—	—	—
A 77 (a)	390	Otitis externa... ..	4	5	—	—	—	—	—
(b)	391 - 393	Otitis media and mastoiditis ...	53	40	—	—	1	—	1
(c)	394	Other inflammatory diseases of ear... ..	7	7	—	—	—	—	—
A 78 (a)	380 - 384, 386, 388, 389	All other disease and conditions of eye ...	151	55	—	—	—	—	—
		<i>Carried forward...</i>	11,706	11,738	1,039	2,789	3,622	2,470	6,092

† 1 died of AN 150—All other and unspecified effects of external causes.  
 \* Among these—2 died of A1 —Tuberculosis of respiratory system.  
 2 died of A70—Vascular lesions affecting central nervous system.  
 1 died of A81—Arteriosclerotic and degenerative heart disease.  
 2 died of A89—Lobar Pneumonia.  
 4 died of A90—Bronchopneumonia.

# APPENDIX 8—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Sex Un- known	Total
A 78 (b)	341 - 344, 350 - 352, 354 - 357, 360 - 369, 395 - 398 400 - 402 410 - 416 420 - 422	<i>Brought forward...</i> All other diseases of the nervous system and sense organs...	11,706	11,738	1,039	2,789	3,622	2,470	—	6,092
A 79			284	75	17	9	22	20	—	42
A 80										
A 81			54	44	9	6	12	13	—	25
A 82			429	700	47	63	102	127	—	229
A 83			103	416	39	148	386	314	—	700
A 84			219	731	29	164	161	149	—	310
A 85			150	457	20	96	155	116	—	271
A 86			88	466	6	36	53	24	—	77
A 87			88	43	11	11	60	34	—	94
A 88			226	838	5	5	4	6	—	10
A 89			529	687	7	5	13	5	—	18
A 90			243	340	1	—	23	16	—	39
A 91			85	1,033	15	81	95	58	—	153
A 92			669	5,174	247	2,189	2,201	2,030	—	4,231
A 93			82	337	9	20	41	31	—	72
A 94			237	248	3	13	19	16	—	35
A 95			200	514	6	62	110	77	—	187
			342	40	—	—	—	—	—	—
			90	35	17	8	50	45	—	95
		<i>Carried forward...</i>	15,824	23,916	1,527	5,705	7,129	5,551	—	12,680



# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un-known
A 96 A 97 (a) (b)	519	<i>Brought forward...</i>	15,824	23,916	1,527	5,705	7,129	5,551	—
	523	Pleurisy ... ..	24	94	1	6	46	18	—
	511 - 517, 520, 522, 524 - 527	Pneumoconiosis ... ..	3	—	—	—	—	—	—
A 98 (a) (b)	530	All other respiratory diseases ...	502	354	18	9	53	31	—
	531 - 535	Dental Caries ... ..	52	50	—	—	—	—	—
		All other diseases of teeth and supporting structures ...	177	24	—	—	—	—	—
A 99	540	Ulcer of Stomach ... ..	354	668	11	37	55	21	—
A 100	541	Ulcer of duodenum ... ..	426	53	6	6	19	10	—
A 101	543	Gastritis and duodenitis ... ..	91	163	—	1	6	4	—
A 102	550 - 553	Appendicitis ... ..	1,056	447	4	5	9	3	—
A 103	560, 561, 570	Intestinal obstruction and hernia ...	583	352	30	21	54	33	—
A 104 (a)	571.0	Gastro-enteritis and colitis, between 4 weeks and 2 years ...	341	1,059	64	997	680	601	—
(b)	571.1	Gastro-enteritis and colitis, ages 2 years and over ... ..	376	2,784	19	249	165	136	—
(c)	572	Chronic enteritis and ulcerative colitis	13	247	—	21	50	18	—
A 105	581	Cirrhosis of liver ... ..	290	285	58	97	180	54	—
A 106	584, 585	Cholelithiasis and cholecystitis ...	262	126	3	14	22	14	—
A 107	536 - 539, 542, 544, 545, 573 - 580, 582 - 583, 586, 587	Other diseases of digestive system...	865	693	98	38	99	58	—
<i>Carried forward...</i>			21,239	31,315	1,839	7,206	8,567	6,552	—
									15,119

# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un-known Total
		<i>Brought forward...</i>	21,239	31,315	1,839	7,206	8,567	6,552	—
A 108	590	Acute nephritis ...	105	165	6	14	27	15	—
A 109	591 - 594	Chronic, other and unspecified nephritis ...	204	457	17	94	166	145	—
A 110	600	Infections of kidney ...	13	7	2	2	13	7	—
A 111	602, 604	Calculi of urinary system ...	171	123	—	3	6	5	—
A 112	610	Hyperplasia of prostate ...	8	10	—	2	6	—	—
A 113	620, 621	Diseases of breast ...	47	52	—	—	—	—	—
A 114(a)	613	Hydrocele ...	49	94	—	—	—	—	—
(b)	634	Disorders of menstruation ...	122	137	1	—	—	1	—
(c)	601, 603, 605 - 609, 611 - 612, 614 - 617, 622 - 633, 635 - 637	All other diseases of the genito-urinary system ...	1,658	1,418	4	—	5	3	—
A 115	640 - 641, 681, 682, 684	Sepsis of pregnancy, child-birth and the puerperium ...	193	—	1	—	—	7	—
A 116	642, 652, 685, 686	Toxaemias of pregnancy and the puerperium ...	916	261	9	16	—	32	—
A 117	643, 644, 670 - 672	Haemorrhage of pregnancy and childbirth ...	495	356	4	12	—	27	—
A 118	650	Abortion without mention of sepsis or toxaemia...	540	2,054	—	—	—	1	—
A 119	651	Abortion with sepsis...	8	54	—	1	—	2	—
		<i>Carried forward...</i>	25,768	36,503	1,883	7,350	8,790	6,797	—
									15,587



# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		Total
							Male	Female	
A 120 (a)	645 - 649, 673 - 680, 683, 687 - 689	<i>Brought forward...</i>	25,768	36,503	1,883	7,350	8,790	6,797	15,587
		Other complications of pregnancy, childbirth and the puerperium ...	6,458	1,004	9	8	—	23	23
(b)									
A 121	690 - 698	Delivery without complication ...	10,450	37,564	—	—	—	—	—
		Infections of skin and subcutaneous tissue ...	789	412	4	51	37	31	68
A 122	720 - 725	Arthritis and spondylitis ...	96	141	—	1	2	2	4
A 123	726, 727	Muscular rheumatism and rheumatism, unspecified ...	18	11	—	1	1	1	2
A 124	730	Osteomyelitis and periostitis ...	141	61	—	3	3	4	7
A 125	737, 745 - 749	Ankylosis and acquired musculoskeletal deformities ...	20	2	—	—	—	—	—
A 126 (a)	715	Chronic ulcer of skin (including tropical ulcer) ...	33	186	—	—	—	—	—
(b)									
	700 - 714, 716	All other diseases of skin ...	386	330	6	2	3	5	8
(c)									
	731 - 736, 738 - 744	All other diseases of musculoskeletal system ...	340	22	—	—	1	—	1
A 127	751	Spina bifida and meningocele	4	17	—	9	5	4	9
A 128	754	Congenital malformations of circulatory system...	41	12	14	7	34	17	51
A 129	750, 752, 753, 755 - 759	All other congenital malformations...	162	220	30	51	63	50	113
A 130	760, 761	Birth injuries...	41	13	19	13	29	18	47
A 131	762	Postnatal asphyxia and atelectasis...	455	195	23	139	204	130	334
		<i>Carried forward...</i>	45,202	76,693	1,988	7,635	9,172	7,082	16,254

# APPENDIX 8—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un-known
		<i>Brought forward...</i>	45,202	76,693	1,988	7,635	9,172	7,082	—
A 132(a)	764	Diarrhoea of newborn (under 4 weeks)	141	137	10	106	73	60	—
(b)	765	Ophthalmia neonatorum ...	33	—	—	—	—	—	—
(c)	763, 766-768	Other infections of new-born ...	143	176	10	142	273	200	—
A 133	770	Haemolytic disease of new-born ...	24	48	8	39	39	18	—
A 134	769, 771, 772	All other defined diseases of early infancy ...	318	56	58	35	67	59	—
A 135	773 - 776	Ill-defined diseases peculiar to early infancy ...	649	542	153	474	460	413	—
A 136	794	Senility without mention of psychosis	3	437	—	128	127	251	—
A 137(a)	788.8	Pyrexia of unknown origin...	27	141	—	—	—	—	—
(b)	793	Observation, without need for further medical care ...	303	488	—	—	—	—	—
(c)	780 - 787, 788.1 - 788.7, 788.9, 789 - 792, 795	All other ill-defined causes of morbidity ...	390	280	53	40	687	567	11
		<i>Carried forward...</i>	47,233	78,998	2,280	8,599	10,898	8,650	11
									19,559



# APPENDIX 8—*Contd.*

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		Total
							Male	Female	
		<i>Brought forward...</i>	47,233	78,998	2,280	8,599	10,898	8,650	11 19,559
AE 138	E810 - E835	Motor Vehicle Accidents ...	546	3	88	—	105	43	148
AE 139	E800 - E802 E840 - E866	Other transport accidents ...	426	—	10	—	39	26	65
AE 140	E870 - E895	Accidental poisoning...	147	17	15	—	13	7	20
AE 141	E900 - E904	Accidental falls ...	1,384	20	69	—	82	30	112
AE 142	E912	Accident caused by Machinery ...	94	—	3	—	3	—	3
AE 143	E916	Accident caused by fire and explosion of combustible material...	223	—	15	—	18	15	33
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation ...	394	20	18	—	12	8	20
AE 145	E919	Accident caused by firearm ...	6	—	1	—	1	—	1
AE 146	E929	Accidental drowning and submersion ...	14	—	1	—	88	36	124
		<i>Carried forward...</i>	50,467	79,058	2,500	8,599	11,259	8,815	11 20,085

## APPENDIX 8—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony			
							Male	Female	Sex Un- known	Total
AE 147		<i>Brought forward...</i>	50,467	79,058	2,500	8,599	11,259	8,815	11	20,085
	E920	Foreign body entering eye and adnexa ... ..	4	—	1	—	1	—	—	1
	E923	Foreign body entering other orifice...	170	5	2	—	3	1	—	4
	E927	Accidents caused by bites and stings of venomous animals and insects...	43	3	1	—	2	—	—	2
	E928	Other accidents caused by animals...	11	4	1	—	—	1	—	1
(e)	E910, E911, E913- E915, E921- E922, E924- E926, E930 - E965	All other accidental causes ...	1,114	74	17	—	58	23	—	81
AE 148	E970 - E979	Suicide and self-inflicted injury	448	—	79	—	204	142	—	346
AE 149	E980 - E985	Homicide and injury purposely inflicted by other persons (not in war) ... ..	288	—	8	—	24	10	—	34
AE 150	E990 - E999	Injury resulting from operations of war ... ..	—	—	—	—	—	—	—	—
		GRAND TOTAL...	52,545	79,144	2,609	8,599	11,551	8,992	11	20,554



# APPENDIX 8—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1958		Deaths 1958		Deaths 1958			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony			
							Male	Female	Sex Un- known	Total
AN 138	N800 - N804	Fracture of skull ...	299	—	34	—	26	8	—	34
AN 139	N805 - N809	Fracture of spine and trunk ...	269	3	33	—	25	8	—	33
AN 140	N810 - N829	Fracture of limbs ...	768	17	7	—	9	1	—	10
AN 141	N830 - N839	Dislocation without fracture ...	77	2	1	—	1	—	—	1
AN 142	N840 - N848	Sprains and strains of joints and adjacent muscle ...	31	7	1	—	1	—	—	1
AN 143	N850 - N856	Head injury (excluding fracture) ...	1,377	13	130	—	192	74	—	266
AN 144	N860 - N869	Internal injury of chest, abdomen and pelvis ...	191	—	31	—	84	41	—	125
AN 145	N870 - N908	Laceration and open wounds ...	762	71	3	—	10	—	—	10
AN 146	N910 - N929	Superficial injury, contusion and crushing with intact skin surface...	101	5	—	—	—	—	—	—
AN 147	N930 - N936	Effects of foreign body entering through orifice ...	220	6	2	—	7	4	—	11
AN 148	N940 - N949	Burns ...	598	21	31	—	27	22	—	49
AN 149	N960 - N979	Effects of poisons ...	551	1	50	—	66	61	—	127
AN 150	N950 - N959 N980 - N999	All other and unspecified effects of external causes ...	68	—	6	—	205	123	—	328
TOTAL...			5,312	146	329	—	653	342	—	995

## APPENDIX 9

### IN-PATIENTS ADMITTED INTO GOVERNMENT, GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS IN 1958, INCLUDING CASES REMAINING IN HOSPITALS FROM THE PREVIOUS YEAR

NAME	Beds	General Cases	Infectious Cases	Tuberculosis Cases	Maternity Cases	Mental Cases	Total
<i>Government Hospitals :</i>							
Queen Mary ... ..	600	12,677	91	221	1,975	5	14,969
Kowloon ... ..	311	10,438	96	140	3,472	21	14,167
Sai Ying Pun ... ..	88	350	1,383	31	—	—	1,764
Tsan Yuk ... ..	200	1,426	—	—	9,107	—	10,533
Mental ... ..	140	—	—	—	—	1,777	1,777
*Castle Peak ... ..	120	—	—	—	—	—	—
Stanley Prison ... ..	82	1,009	204	174	—	20	1,407
Eastern Maternity ... ..	24	107	—	—	2,695	—	2,802
Wan Chai Social Hygiene ... ..	30	269	422	—	—	—	691
Lai Chi Kok ... ..	473	198	1,385	489	—	—	2,072
St. John ... ..	100	1,405	70	156	644	—	2,275
Lai Chi Kok Female Prison ... ..	10	47	1	30	7	3	88
<b>TOTAL ... ..</b>	<b>2,178</b>	<b>27,926</b>	<b>3,652</b>	<b>1,241</b>	<b>17,900</b>	<b>1,826</b>	<b>52,545</b>
<i>Government-Assisted Hospitals :</i>							
Tung Wah Group ... ..	1,616	28,256	299	2,815	34,661	—	66,031
Alice Ho Miu Ling Nethersole ... ..	270	4,341	59	108	2,740	—	7,248
Ruttonjee Sanatorium ... ..	336	5	—	1,030	—	—	1,035
Grantham ... ..	540	4	—	1,054	—	—	1,058
Pok Oi ... ..	50	1,720	—	—	1,057	—	2,777
Hei Ling Chau Leprosarium ... ..	605	—	630	—	—	—	630
Haven of Hope Tuberculosis Sanatorium ... ..	122	—	—	204	—	—	204
Sandy Bay Convalescent Home ... ..	54	—	—	161	—	—	161
<b>TOTAL ... ..</b>	<b>3,593</b>	<b>34,326</b>	<b>988</b>	<b>5,372</b>	<b>38,458</b>	<b>—</b>	<b>79,144</b>
<i>Private Hospitals :</i>							
St. Paul's ... ..	172	1,680	283	324	589	—	2,876
Ling Yuet Sin Infants' ... ..	120	268	—	—	157	—	425
Precious Blood ... ..	108	2,632	89	91	144	—	2,956
Hong Kong Sanatorium ... ..	316	6,463	213	337	1,706	59	8,778
St. Francis ... ..	70	1,546	11	32	—	—	1,589
St. Teresa's ... ..	110	2,645	83	108	461	—	3,297
Hong Kong Central ... ..	90	3,352	59	110	249	—	3,770
Matilda and War Memorial... ..	52	873	—	4	113	—	990
Canaan Convalescent Home... ..	68	18	—	187	—	—	205
<b>TOTAL ... ..</b>	<b>1,106</b>	<b>19,477</b>	<b>738</b>	<b>1,193</b>	<b>3,419</b>	<b>59</b>	<b>24,886</b>
<b>GRAND TOTAL ... ..</b>	<b>6,877</b>	<b>81,729</b>	<b>5,378</b>	<b>7,806</b>	<b>59,777</b>	<b>1,885</b>	<b>156,575</b>

\* Figures are included in Mental Hospital's return.



# APPENDIX 10

## OUT-PATIENTS — 1958

### TOTAL ATTENDANCES AT GOVERNMENT AND GOVERNMENT ASSISTED HOSPITALS, CLINICS AND DISPENSARIES

INSTITUTIONS	Dress-ings	General Out-patients	Children's Clinics	Ante-natal	Post-natal	Gynaeco-logical	Social Hygiene	Eye	Ear, Nose & Throat	Tuber-culosis	Casualty	Ortho-paedic	Leprosy	Mental	Total
<i>Hospitals:</i>															
Queen Mary ... ..	7,760	9,973	248	2,687	448	3,803	80	—	384	46	18,101	1,315	—	—	44,845
Kowloon ... ..	276,239	178,574	2,378	15,478	1,150	4,177	—	—	9,613	—	70,191	210	—	—	558,010*
Tsai Yuk ... ..	2,808	—	—	37,674	3,143	—	—	—	—	—	—	—	—	—	43,625
St. John ... ..	5,325	28,264	35,777	1,748	—	32	—	1,775	—	—	193	—	—	—	73,114
Stanley Prison ... ..	17,120	66,756	—	—	—	—	3,719	—	—	3,069	2,417	—	213	—	93,294
Lai Chi Kok Female Prison ... ..	—	12,167	—	—	—	—	—	—	—	—	—	—	—	—	12,167
Mental ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	5,632	5,632
<i>Clinics and Dispensaries:</i>															
Sai Ying Pun ... ..	36,074	97,886	76,714	5,399	123	4,756	—	†5,949	2,573	—	—	3,286	—	—	232,760
Violet Peel ... ..	113,568	142,519	89,835	—	—	—	—	—	3,950	—	1,361	—	—	—	351,233
Violet Peel Ophthalmic Clinic ... ..	—	—	—	—	—	—	—	31,098	—	—	—	—	—	—	31,098
Wan Chai Chest Clinic ... ..	—	—	—	—	—	—	—	—	—	352,267	—	—	—	—	352,267
Kowloon Chest Clinic... ..	—	—	—	—	—	—	—	—	—	289,660	—	—	—	—	289,660
Shek Kip Mei Chest Clinic ... ..	—	—	—	—	—	—	—	—	—	144,423	—	—	—	—	144,423
Social Hygiene Clinics... ..	—	—	—	—	—	203,954	—	—	—	—	—	—	—	—	203,954
15 Public Dispensaries (Hong Kong & Kowloon) ... ..	149,829	454,868	239,939	13,503	1,534	6,713	—	3,130	359	4,854	753	—	5,608	—	881,090
15 New Territories Disps. ... ..	75,904	91,023	99,032	30,362	935	—	2,362	7,791	—	12,154	8,911	—	1,642	—	330,116
Families Clinic, Hong Kong ... ..	—	10,475	—	—	—	—	—	—	—	—	—	37	—	—	10,512
Kowloon Families Clinic Farm Road ... ..	—	6,704	—	—	—	—	—	—	—	—	—	—	—	—	6,704
Hong Kong Police Med. Post... ..	20,171	12,321	15,216	288	—	335	65	—	678	24	352	183	—	—	49,633
Kowloon Police Med. Post ... ..	1,784	12,172	18,965	341	—	540	128	—	1,672	139	—	—	—	—	35,741
Victoria Remand Prison ... ..	907	35,534	—	—	—	—	9	—	1	74	—	—	16	—	36,541
Victoria Remand Prison Families Clinic ... ..	9	121	243	23	—	2	—	—	6	—	—	—	—	—	404
Port Health ... ..	—	1,863	—	—	—	—	—	—	—	—	—	—	—	—	1,863
Kowloon-Canton Railway Clinic ... ..	344	1,244	1,082	—	—	—	—	—	—	—	—	—	—	—	2,670
Government Ophthalmic Clinic, Arran Street... ..	—	—	—	—	—	—	—	73,917	—	—	—	—	—	—	73,917
Chi Ma Wan Prison Clinic ... ..	4,144	2,901	—	—	—	—	—	—	—	—	—	—	—	—	7,045
Tai Lam Chung Prison Clinic... ..	452	300	—	—	—	—	—	—	—	—	—	—	—	—	752
<i>Health Centres:</i>															
Harcourt ... ..	—	—	37,546	2,218	420	—	—	—	—	—	—	—	—	—	40,184
Western... ..	—	—	41,659	660	166	—	—	—	—	—	—	—	—	—	42,485
Kowloon ... ..	—	—	53,046	5,513	884	—	—	—	—	—	—	—	—	—	59,443
Chai Wan ... ..	—	—	12,495	1,995	646	—	—	—	—	—	—	—	—	—	15,136
Ho Man Tin ... ..	—	—	21,644	2,629	259	—	—	—	—	—	—	—	—	—	24,532
Shek Kip Mei ... ..	—	—	37,204	4,079	571	—	—	—	—	—	—	—	—	—	41,854
Central ... ..	—	—	15,419	356	201	—	—	—	—	—	—	—	—	—	15,706
<i>Total of Government Institutions ... ..</i>															
Tung Wah Group of Hospitals Alice Ho Miu Ling Nethersole Hospital ... ..	42,195	271,791	153,018	27,525	181	5,799	—	21,173	1,660	18,487	83	1,893	1	—	543,806
Ruttonjee Sanatorium ... ..	247	26,766	9,200	15,023	1,588	18,534	—	—	—	—	—	—	—	—	71,358
Pok Oi Hospital ... ..	—	64,207	—	1,334	2,668	1,072	—	—	—	14,658	—	—	—	—	14,658
Grantham Hospital ... ..	—	—	—	—	—	—	—	—	—	58	—	—	—	—	69,281
Rennie's Mill Church Clinic ... ..	—	22,315	—	—	—	—	—	—	—	10,459	—	—	—	—	58
GRAND TOTAL... ..	754,880	1,550,744	960,390	168,835	14,917	45,763	210,317	144,833	20,896	850,372	102,362	6,924	7,480	5,632	4,844,345

\* Figures for Evening Clinic were not included in Hong Kong Annual Report 1958.

† Patients seen in Hong Kong University Eye Clinic.

# APPENDIX 11

## OUT-PATIENTS — 1958

### NEW CASES AT GOVERNMENT AND GOVERNMENT ASSISTED HOSPITALS, CLINICS AND DISPENSARIES

INSTITUTIONS	Dress-ings	General Out-patients	Children's Clinics	Ante-natal	Post-natal	Gynaeco-logical	Social Hygiene	Eye	Ear, Nose & Throat	Tuher-culosis	Casualty	Ortho-paedic	Leprosy	Mental	Total
Hospitals :															
Queen Mary ... ..	7,760	2,800	126	450	251	444	68	—	245	46	14,259	379	—	—	26,828
Kowloon ... ..	66,550	138,017	532	2,394	1,015	1,747	—	—	2,731	—	70,191	132	—	—	283,309
Tsan Yuk ... ..	791	—	—	8,550	2,826	—	—	—	—	—	—	—	—	—	12,167
St. John ... ..	4,190	22,388	28,630	627	—	32	—	810	—	—	193	—	—	—	56,870
Stanley Prison ... ..	2,620	34,817	—	—	—	—	952	—	—	610	671	—	22	—	39,692
Lai Chi Kok Female Prison ... ..	—	12,167	—	—	—	—	—	—	—	—	—	—	—	—	12,167
Mental ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	673	673
Clinics and Dispensaries :															
Sai Ying Pun ... ..	4,778	68,960	64,731	1,567	6	2,153	—	†1,722	664	—	—	850	—	—	145,431
Violet Peel ... ..	38,977	75,133	53,610	—	—	—	—	—	1,175	—	1,361	—	—	—	170,256
Violet Peel Ophthalmic Clinic...	—	—	—	—	—	—	—	12,156	—	—	—	—	—	—	12,156
Wan Chai Chest Clinic...	—	—	—	—	—	—	—	—	—	19,019	—	—	—	—	19,019
Kowloon Chest Clinic ... ..	—	—	—	—	—	—	—	—	—	11,027	—	—	—	—	11,027
Shek Kip Mei Chest Clinic ... ..	—	—	—	—	—	—	—	—	—	7,017	—	—	—	—	7,017
Social Hygiene Clinic ... ..	—	—	—	—	—	—	27,841	—	—	—	—	—	—	—	27,841
15 Public Dispensaries															
(Hong Kong & Kowloon) ... ..	48,112	307,814	196,281	4,991	1,261	2,998	—	1,889	248	114	753	—	150	—	564,611
15 New Territories Disps. ... ..	18,719	74,724	80,002	8,475	896	—	446	4,104	—	1,888	8,911	—	74	—	198,239
Families Clinic, Hong Kong ... ..	—	631	—	—	—	—	—	—	—	—	—	—	—	—	631
Kowloon Families Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Farm Road ... ..	—	6,704	—	—	—	—	—	—	—	—	—	—	—	—	6,704
Hong Kong Police Medical Post	13,091	6,577	7,067	172	—	187	41	—	366	15	351	146	—	—	28,013
Kowloon Police Medical Post...	837	10,286	14,563	331	—	319	79	—	1,155	128	—	—	—	—	27,698
Victoria Remand Prison ... ..	230	18,525	—	—	—	—	9	—	1	74	—	—	16	—	18,855
Victoria Remand Prison	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Families Clinic ... ..	3	93	198	18	—	2	—	—	6	—	—	—	—	—	320
Port Health ... ..	—	1,664	—	—	—	—	—	—	—	—	—	—	—	—	1,664
Kowloon-Canton Railway Clinic	331	1,079	916	—	—	—	—	—	—	—	—	—	—	—	2,326
Government Ophthalmic Clinic, Arran Street ... ..	—	—	—	—	—	—	—	37,103	—	—	—	—	—	—	37,103
Chi Ma Wan Prison Clinic ... ..	1,155	1,606	—	—	—	—	—	—	—	—	—	—	—	—	2,761
Tai Lam Chung Prison Clinic...	165	177	—	—	—	—	—	—	—	—	—	—	—	—	342
Health Centres :															
Harcourt ... ..	—	—	2,785	511	233	—	—	—	—	—	—	—	—	—	3,529
Western ... ..	—	—	3,305	178	147	—	—	—	—	—	—	—	—	—	3,630
Kowloon ... ..	—	—	4,058	991	336	—	—	—	—	—	—	—	—	—	5,385
Chai Wan ... ..	—	—	1,003	657	486	—	—	—	—	—	—	—	—	—	2,146
Ho Man Tin ... ..	—	—	1,889	676	144	—	—	—	—	—	—	—	—	—	2,709
Shek Kip Mei ... ..	—	—	5,199	1,046	370	—	—	—	—	—	—	—	—	—	6,615
Central ... ..	—	—	2,391	103	128	—	—	—	—	—	—	—	—	—	2,622
Total of Government Institutions ... ..															
208,309	784,162	467,286	31,737	8,099	7,882	29,436	57,784	6,591	39,938	96,690	1,507	262	673	1,740,356	
Tung Wah Group of Hospitals.															
18,203	108,755	58,860	22,983	129	2,353	—	6,553	759	2,235	83	354	1	—	221,268	
Alice Ho Miu Ling															
—	7,159	2,427	3,317	1,588	5,203	—	—	—	—	—	—	—	—	—	19,694
Ruttonjee Sanatorium...															
—	—	—	—	—	—	—	—	—	14,658	—	—	—	—	—	14,658
Pok Oi Hospital ... ..															
—	25,876	—	1,211	2,422	382	—	—	—	—	—	—	—	—	—	29,891
Grantham Hospital ... ..															
—	—	—	—	—	—	—	—	—	—	58	—	—	—	—	58
Rennie's Mill Church Clinic ... ..															
—	1,310	—	—	—	—	—	—	—	—	120	—	—	—	—	1,430
GRAND TOTAL...															
226,512	927,262	528,573	59,248	12,238	15,820	29,436	64,337	7,350	57,009	96,773	1,861	263	673	2,027,355	

† Patients seen in Hong Kong University Eye Clinic.



# APPENDIX 12

## ATTENDANCES AT PUBLIC DISPENSARIES (HONG KONG AND KOWLOON) — 1958

Public Dispensaries	Out-patients				Deliveries		Vaccina- tions	Inocula- tions	
	Children		Adults		In- patients	Domi- ciliary			
	New Cases	Total attend- ances	New Cases	Total attend- ances					
Central ...	...	...	25,991	36,365	16,877	28,362	—	3,187	1,034
Eastern ...	...	...	17,564	20,174	10,528	20,043	—	7,428	111
Shau Kei Wan ...	...	...	—	—	61,811	108,703	—	381	2,093
Aberdeen ...	...	...	16,178	18,132	10,518	21,950	—	736	3,310
Sham Shui Po ...	...	...	—	—	34,365	93,254	—	378	—
Yau Ma Tei ...	...	...	13,769	19,779	7,084	13,855	—	134	2,672
Hung Hom ...	...	...	18,201	21,738	10,659	14,340	—	—	2,104
Stanley ...	...	...	1,527	2,439	2,639	7,282	241	18	735
Li Kee Memorial ...	...	...	61,362	64,701	31,304	43,740	—	617	25,167
Mong Kok Clinic ...	...	...	38,731	53,424	24,560	35,062	—	—	—
Li Cheng Uk Clinic ...	...	...	—	—	43,424	61,154	—	—	3,231
Tai Hang Tung Clinic ...	...	...	—	—	35,682	55,966	—	—	37,819
North Point Health Centre ...	...	...	—	—	24,295	53,917	—	—	958
Shek Kip Mei Health Centre ...	...	...	2,958	3,187	52,559	80,524	—	656	1,861
Chai Wan Clinic ...	...	...	—	—	2,025	2,999	—	553	—
TOTAL ...	...	...	196,281	239,939	368,330	641,151	241	3,473	81,095

# APPENDIX 13

## ATTENDANCES AT MEDICAL CENTRES — NEW TERRITORIES, 1958

Dispensaries	Out-patients		Deliveries	
	New Cases	Total Attendances	In-patients	Domiciliary
Hong Kong Jockey Club Clinic, Tai Po ... ..	34,445	54,779	1,494	2
Ho Tung ... ..	2,047	4,690	812	5
Sha Tau Kok ... ..	7,861	17,575	329	11
Yuen Long ... ..	25,394	57,447	1,895	9
San Hui ... ..	3,388	8,587	760	13
Sai Kung ... ..	25,066	31,487	447	12
Sha Tin ... ..	7,044	12,223	576	24
Tai O ... ..	26,359	36,946	388	1
Silver Mine Bay ... ..	9,455	10,732	115	—
Peng Chau ... ..	6,401	8,049	64	1
Travelling (East) ... ..	9,315	10,785	—	—
Travelling (West) ... ..	671	3,309	—	—
Maurine Grantham Health Centre ... ..	30,412	57,987	1,971	—
North Lamma Clinic ... ..	3,517	5,668	53	—
Chee Hong Floating Clinic ...	6,864	9,852	—	—
<b>TOTAL ... ..</b>	<b>198,239</b>	<b>330,116</b>	<b>8,904</b>	<b>78</b>





